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CONTRIBUTORS

H. J. Achard, M. D., Roselle, Ill.
W. H. Ambrose, M. D., Cincinnati, O.
J. Aulde, M. D., Kennett Square, Pa.
G. W. Ausbrook, M. D., Dongola, Ill.
F. A. Beckel, M. D., Sheboygan, Wis.
F. H. Benedict, M. D., Weedsport, N. Y.
M. A. Blanton, M. D., Baileyton, Tenn.
C. E. Boynton, B. S., M. D., Los Banos, California.
B. H. Brodnax, M. D., Brodnax, La.
D. C. Brown, M. D., Danbury, Conn.
H. T. Byford, M. D., Chicago, Ill.
H. J. Chadwick, M. D., Grand Rapids, Mich.
S. F. Conant, M. D., Skowhegan, Me.
J. H. Crain, M. D., Beechwood, Ill.
J. A. DeArmand, M. D., Davenport, Ia.
Sam E. Earp, M. S., M. D., Indianapolis, Indiana.
J. R. Etter, M. D., Crawfordsville, Ind.
R. L. Ford, M. D., Beda, Ky.
Fletcher Gardner, M. D., Bloomington, Ind.
H. A. Giltner, M. D., Chelsea, Ind.
W. H. Gray, M. D., Michigan City, Ind.
D. C. Hawley, M. D., Burlington, Vt.
A. V. Hinman, M. D., Youngstown, O.
C. F. Hope, M. D., Coatesville, Ind.
J. H. Jergesen, M. D., Horicon, Wis.
C. M. Johnson, M. D., Harvard, Ill.
O. Worthington Lusher, M. D., Ben Lomond, West Virginia.
J. O. Manry, M. D., Ponce, Porto Rico.
W. B. Mann, M. D., Evanston, Ill.
M. C. Martin, M. D., Hildreth, Neb.
C. W. McIntyre, New Albany, Ind.
E. D. Meeker, M. D., Galena, Kan.
Chas. G. Miller, M. D., Memphis, Tenn.
G. J. Monroe, Louisville, Ky.
Drs. Pennebaker and Tripp, Pleasant Hill, Kentucky.
J. R. Phelps, M. D., Roxbury, Mass.
M. G. Price, A. B., M. D., Mosheim, Tenn.
E. N. Ritter, M. D., Williamsport, Pa.
Edw. Rosenthal, M. D., Philadelphia, Pa.
Edw. C. Rothrock, M. D., Tennessee Colony, Texas.
W. H. Smith, A. B., M. D., Shellrock, Ia.
C. F. Souder, M. D., Philadelphia, Pa
J. S. Sprague, M. D., Sterling, Ont.
H. Speier, M. D., Rochester, Minn.
H. Stein, M. D., Altamont, Ill.
G. H. Thompson, M. D., St. Louis, Mo.
J. P. Thorne, M. D., Janesville, Wis.
F. E. Walker, M. D., Worthington, Minn.
W. H. Willcomb, D. E. T., Ipswich, Mass.
J. L. Wolfe, M. D., Cedar Falls, Ia.
P. Woolery, M. D., Heltonville, Ind.

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LEADING ORIGINAL ARTICLES.

THE ELECTRICAL PHYSICIAN AND HIS NEEDS.

By Dr. W. H. Willcomb, Brockton, Massachusetts.

I presume on no one line have physicians been so tricked and defrauded as in respect to the purchase of electrical instruments and appliances. Almost every office has some silent witness to this fact. In many cases fraud is rendered possible by the lack of practical knowledge of the mechanical side of electrical science and ignorance of the laws governing electricity.

I shall not, either in this article or in those that follow, refer to any particular make of apparatus or instrument, for in nearly every case this would be unfair as there are several makers of electro-therapeutic supplies whose goods present no real contrast, each being equally good.

The first consideration is

SOURCE OF CURRENT.

"Shall I use battery or commercial current?" The answer to this question lies with the practitioner. Where there is a system of electric service in the town or city, supplying a direct current it is usually the most satisfactory source of current; is clean, economical, requiring little care, but a first-class controller of the shunt type is necessary. The controller should be capable of giving a current varying in extensity from 0 to full power and should be so arranged that current strength can be varied by imperceptable steps.

Where there is no constant current or where the power is supplied only nights the physician must depend upon a battery for power. The writer has given thorough test to several styles of battery and would recommend for cheapness, reliability and effectiveness some of the forms of carbon cylinder cells. The battery should consist of not less than fifty cells, coupled in "series", with a good controller fulfilling same condition as to graduation of power as mentioned with reference to commercial currents. Some makers advocate a selector switch, which throws into circuit one cell after another. I have found this device extremely unsatisfactory giving as it does a sudden change in intensity and not allowing of fine graduation of current. I find in every case the use of resistance or a shunt controller preferable both in results obtained and from an economical standpoint.

DRY BATTERIES.

Many advocate the use of dry batteries. Where the practitioner does not want the care of liquid cells the dry battery if a good one gives excellent results but is more expensive. However by the use of a dry cell, care of battery is eliminated and space is saved, but once exhausted the dry cell is worthless, and must be replaced by a new one. As to comparative life of a cell, I have used both, employing liquid cells in my office and dry cells for portable outfit. Employing a battery of sixty cells, the battery requires renewal about every four months in regular use, giving an average life of one hundred hours actual service, but where used for short periods and with considerable rest between I gain frequently as high as two hundred hours from a cell on one charge. With dry cells I have seldom secured more than two thirds this life. Renewing my own cells, I have a cost of 28 cents per cell per year for material, while to secure the same service from dry cells I find expense about double, under most favorable circumstances, but a saving in time required for renewal is obtained. Passing from source of current we come next to the

SWITCH BOARD.

I have already referred to the most essential article, the controller, but in addition to this the operator should have a pole changing switch, an interrupter giving a wide range of speed, a milliampere meter, and a good faradic coil.

Of the pole changing switch no comment is required, almost any device for reversing the direction of current is satisfactory.

In the interrupter there are several designs, first, the "buzzer" with which all are familiar, as used in most induction outfits. For some classes of work the better makes of buzzer interrupters are of sufficiently wide range, but for a large general practice this will not suffice. Perhaps the best for general use is a clock work interrupter in which the speed can be varied at will. This style of interrupter is reliable, sure and simple and requires very little care. Next to these in efficiency, and superior where extra rapid interruptions are required are the interrupters operated by small battery motors having an independent battery for the motor; but for general use the clock work is to be preferred owing to care required by the motor type.

In the choice of coil, the physician has a wide range for choice, as nearly all reputable houses handle good coils, but the design and arrangement vary widely. A poor coil is worse than useless and a constant disappointment and even at times is detrimental in its effects, owing to failure in obtaining expected results. A good coil need not be of necessity expensive—(one used by the writer cost less than fifty dollars). The following are the essentials of a good practical coil—namely, 1st a strong primary coil of fairly heavy wire; 2d a secondary coil consisting of a medium fine coil of medium length, a longer coil for finer currents and a high tension coil. There may be three coils or one coil tapped off at intervals. I have used one consisting in the secondary coil of 1250 yards No. 30 wire tapped at 250, 500, and 1000 yards and full length, controlled by a four point switch. Such a coil is not expensive and meets nearly every case. Next to the coil itself it is essential that the mechanical construction be such as to admit of very gradual regulation of the current. The interrupter should give as great a range of speed as possible, and it is important that it be regular in its action. In delicate work irregular interruptions of the current often lead to serious results. Personally I prefer

the motor or clock work interrupter to the usual form. For sedative work in particular it is essential that the interruptions be very regular and at exceedingly high rapidity; these two essentials are almost impossible with the common "buzzer" devices used on most coils.

A word as to static machines may not be out of place. The use of static currents is of very great value in some forms of disease and a static machine is a valuable adjunct to the physician's equipment, but there are few if any effects obtainable from a static machine but can be secured by a good faradic coil. Often times the range and value of the faradic coil can be increased by the employment of a condenser. The writer has seldom met a condition where he has failed to find in either galvanic or faradic outfit all that could be gained by a static treatment.

Given a good galvanic current, a faradic outfit with effective interrupter and having a good secondary coil and the practitioner is well armed for any ordinary cases he may meet. I find by far the larger amount of work is done by galvanic current alone or. by electro-chemical application.

With regard to required electrodes it is impossible to say much, each operator must choose for himself those best adapted for his particular practice. Every instrument should be of such construction as to admit of thorough sterilization and the more simple the better. The selection of electrodes is almost entirely a matter of choice, as they are the least important part of the electrical physician's outfit.

This is the third article in the series on electro-therapeutics which Dr. Willcomb is writing for the Recorder. The first two articles appeared in the November and December numbers, a few copies of which we still have and can supply any subscribers desiring them. The article in the December number is one of the best ever published on the subject of electricity, containing a large amount of valuable information in a small compass.

Dr. Willcomb will answer questions of general interest relating to electricity in the Recorder. He informs us that, he has received more letters of inquiry than his time will permit him to give attention to. The information desired in some cases will be given later in the regular articles of this series, some will be answered in the Recorder and many others are not of general interest and the answers would be of value only to the individual inquirers.

The scientific application of electricity in treating disease is becoming more general. The trouble in the past has been that the electro-therapeutist did not understand the properties of electricity, and was not scientific in applying it to diseased conditions in the human body. Today we know that electo-therapeutics is a vast study and that to obtain good results we must understand its principles and practice. Dr. E. B. Goelet, writing in the Journal of Electro-Therapeutics well says: —"Today electriciy is science, when only a few years ago it was an art; we have studied its physiological properties and action, harnessed its forces and placed a bridle upon its currents; the instruments now used in its application are the result of tireless study and continued experimental research on the part of the greatest medical electricians of the age, both in this country and Europe and its use is no longer empyrical. With a proper appreciation of its virtues and uses we have in electricity an agent for the cure of disease, which is destined in the future to take a prominent place in the armamentarium of many educated and scientific physicians in the land."—Editor.

GEORGE HOWARD THOMPSON, M. D.

THE REGULAR SCHOOL.

By George Howard Thompson, M. D., St. Louis, Mo.

Professor of Materia Medica, Therapeutics and Experimental Medicine in the St. Louis College of Physicians and Surgeons; Fellow of the St. Louis Academy of Medical and Surgical Sciences; Member of the Inter-State Medical Society of Illinois, Iowa and Missouri; Editor of the Regular Medical Visitor.

The majority of citizens are Christians or Agnosties, Republicans, Democrats or Populists, chiefly because their parents so educate them. They do our thinking for us until we reach years of discretion, by which time we are so prejudiced against everything differing from our previous teaching and biased in favor thereof, that we are not open to conviction from other cults.

The cult in science as in religion is necessarily wrong. It builds its system on an assumption and bends every argument, every discovery, to the demonstration of the correctness of its position.

Only in comparatively recent years has the art and science of medicine kept pace with advances in the other sciences. After thousands of years of superstition it got a divorce from priestcraft and started out as an independent entity. It become an art based on an erroneous hypothesis—the humoral. The human body, being held sacred, it was a crime to study it. Scientists were compelled to carry on their investigations in secret. Finally a little light began to dawn, but the conservatism—I might say the obtuseness and obstinacy—of the profession was such that day was very slow in breaking.

At the time of Hahnemann, medicine was still practically medicine. The "schools" were practically unknown. Hahnemann obtained a medical education, saw that the art was not based on very scientific grounds; recognized the mistakes that were being made, but like the critics of literature, could not correct them. However he thought he could. Medicines were given in overdose, bleeding was practiced to depletion and surgery, the most scientific branch of the art of medicine, was still monopolized by barbers. Hahnemann assumed an extreme position. He asserted that remedies which in overdose produce symptoms similar to given diseases will cure those diseases if administered in attenuated form. This he called the law of similars—similia similibus curantur, which means that similars by similars may be cured. The fact that like sometimes cures like is a fact known from the earliest times, as well as its consort fact, that like more often aggravates like. Hahnemann's teaching was that all diseases were curable by drugs which in their crude form produced symptoms similar to those of the disease. To get the correct "therapeutic" dosage he devised a system of attenuation by which the drugs were diluted with agents possessing as he claimed no potentiality—water, sugar of milk, alcohol. Solutions of one per cent. were taken and from these further one per cents were made, and from these in turn more one per cents. This process continued up to the 200th successive dilution. The ridiculousness of this system has been recognized even by the Hahnemannians themselves who now make their dilutions on the decimal scale. Hahnemann called his school the homoeopathic, and the regular school be called the allopathic—other ideas as distinguished from his own single idea. This name has been taken up by the adherents of other sects in medicine to distinguish the regulars from themselves.

The homoeopathic school, as a reaction from the abuses practised by the regular school, accomplished some

good for medical science by bringing the regulars to their senses and stimulating closer study of the action of drugs in physiological as well as pathological conditions. It hastened the evolution of medicine from the stage of an art to that of a science. Itself discredited as a science or even art, has been laughed out of Europe, leads a struggling existance in England and flourishes only in America where every other cult, sect, ism and pathy finds fertile soil for growth.

The eclectic school was founded with the idea that there was some good which mfght still be saved from the wreck of the regular school by the adoption of a little conservatism, and also some which they recognized in the homoeopathic school. They would save medicine from destruction by striking a balance between centrifugal and centripetal force. Truly a laudable motive. So they assumed that the metallics were unfit for internal administration and assumed that every disease may be cured by a specific herb or vegetable remedy. They have furnished a few valuable remedies but have done nothing to promote medicine as a science. They assumed that the regulars and homoeopaths were two extremes which only eclectics could harmonize. They based their system on assumptions. That they have receded from their position is seen in the fact that the majority of them, like the majority of homoeopaths use mercury and other metallics just as the regulars do. Like homoeopathy, it flourishes only in America. the land of its origin.

The regular school is the descendant of the old school, the only original school. It is not based on any assumption or premise. It has not reached the Ultima Thule of medical science and is aware of that fact. Though still in the art stage it is at present based on scientific principles. It adjusts itself to advances in science and is not hampered by dogma or creed. It chooses the best from all sources. It is the true eclectic school.

That is why I adhere to the regular school of medicine.

In explanation to many new subscribers who have just subscribed to the Recorder we wish to state that this article is one of a series of articles on the schools of medicine. Men of different schools of known ability, have given us their reasons for belonging to their particular schools. In the August Recorder Dr. R. B. Leach, of St. Paul, Minn., presented the claims of Homoeopathy and in the September number, Dr. W. L. Leister, of Rogers, Ark., explained Eclecticism. These are both able articles and are accompanied by portraits of the writers. Our supply of these numbers is entirely exhausted but to anyone desiring them, we can furnish the bound volume of the year at a reasonable price. These articles have been kindly received by members of all schools and physicians holding opposite views have been interested in knowing the reason of the other fellow's belief. These articles have not been written for criticism but each writer has honestly given his reasons for belonging to his school of practice.

EDITOR.

HONESTY THE BEST POLICY.

By J. A. De Armand, M. D., Davenport, Iowa.

It is not a good plan to speak disparagingly of the 19th century now that it is past, but we may learn some lessons from its follies and mistakes and by so doing make this century free from senseless blunders that only need to be spread out and looked at to be condemned. One of these is the habit of making broad diagnoses and then narrowing in as the case comes

to assume small proportions. Possibly my meaning may best be shown by an illustration.

A business man of my town applied for life insurance with a fine old company. This man had long been the patron of a doctor who seldom had patients sick with small maladies. All his patrons had the large diseases and the late diseases. Thus it came about that the man in question had been reported to have at various times appendicitis. True he was not sick long nor dangerously so, but when he had bowel disorder it was another attack of appendicitis. The same was also true of the man's family but that is another story. When the man presented himself for examination he was as fine a specimen of physical manhood as you could find anywhere, but he narrated that he had had three or four attacks of appendicitis, several runs of pneumonia, not to mention an attack of Bright's disease and a few minor diseases that were of some magnitude at all times except when the question of his desirability as a risk was up. The history that he gave simply stamped him as a man whom not one company anywhere would contemplate placing a risk on at all. When told that with the history he gave, no company would hesitate a minute about dropping him he was indignant and observed that he was as sound a man as the company had on its list. On being told that his predicament was all attributable primarily to the habit his medical man had of connecting fashionable diseases and serious conditions with trivial ailments and that the glory of having appendicitis meant an amount of back crawling by his medical adviser or no insurance, the position became clear and even he, the very greatest of admirers of a man who had all large cases and serious ones too saw the folly of it all and was ready to doubt his having had any sickness of any moment at any time. But there was the record and behind it there was no going and the man simply gave up the idea of being insured because he could not disprove the exaggerations he had so gladly welcomed from his medical exaggerator. Another case. A medical man was suddenly taken sick after a generous meal at a banquet. He had great pain located in the bowels over the region of the kidneys. A hypodermic was given by a brother doctor and not until the bowels had been moved by enema was relief secured. Tenderness that followed vomiting and the pain kept the man of medicine in bed for a few days. The medical man on guard volunteered the opinion that it was a case of renal colic, caused by passing calculus. This seemed to explain matters and it went as the cause of the sick man's indisposition. By and by he applied for a life insurance and his case was held up until the early diagnosis was made to look like 30 cents by a later history of perfect health and a doubt was cast upon a diagnosis that did duty for many years. It was only when the original diagnosis was disproved that the applicant squeezed in at all.

From these two cases from actual life the reader will not fail to detect the folly of inaccurate diagnosis even to heighten the doctor's standing in the community or to please the ignorance of the patient. Such chickens also come home to roost and it does no lasting good to any man's reputation to have, in later years, to acknowledge that he assumed credit for service not performed and that glory was gained by a bit of deception that was neither dignified nor honest. Many men are today denied the protecting benefits of insurance for helpless ones' benefit by the folly of some medical man's determination to be up-to-date and not honest at that.

THE ANTISEPTIC TREATMENT OF TYPHOID FEVER.

By Charles F. Hope, M. D., Coatesville, Ind.

Any contribution to the therapy and management of typhoid fever should be of interest, and especially should any departure or new method of treatment which gives promise of usefulness, receive just and considerate attention when such proposed change or addition to therapeutics is found to possess some intrinsic merits or advantages over other lines of treatment. It is in this way that therapeutic progress is promoted, but all such departures from established usages should be based upon and in harmony with scientific principles.

If all cases of typhoid fever could be treated from the beginning in the wards of modern hospitals by the masters of internal medicine it would be needless to investigate extensively the comparative advantages of the many remedial measures and diversified theories proposed and used for this important and ubiquitous disease. Unfortunately the great majority of cases are treated under the stress of private practice amid the conditions and environments which effectually preclude many of the systematic measures in vogue in hospital practice. It therefore becomes the duty of the family physician to pursue that method which will most promote his patient's welfare and lead to his certain and speedy recovery.

The ingenuity of the human mind has evolved many methods of treatment for typhoid fever and some so-called specifics have been introduced, but with a few exceptions these latter innovations have lapsed into innocuous desuetude. One of the latest exploits of this character is the Woodbridge abortive treatment of typhoid fever, but it has been conclusively demonstrated that this system of treatment is unavailing, and, moreover, some good authorities have asserted that it is positively dangerous as compared with other treatment. During the Spanish-American war, Dr. Woodbridge, then major and surgeon, United States Volunteers, treated 57 cases at the Fort Myer General Hospital and he was afforded every facility in the application of his treatment. The board of medical officers convened to investigate this treatment reported a mortality of about 10 per cent. of his cases, while out of over 500 cases treated in this hospital by other methods there was a mortality of only about 7 per cent. It is true that this treatment is intended to be antiseptic or abortive in its nature, but because the results have fallen short of the ideal is not conclusive proof that other methods with the same object in view are necessarily devoid of merit or usefulness.

Every physician is aware that the drug treatment of this disease constitutes only a minor part of the successful management, but since the hygienic measures, the nursing, the various methods of prophylaxis, such as the disinfection of the contaminated clothing and excreta to prevent the dissemination of the bacilli typhosis, the diet, the drinking water, the bathing, and almost an infinite number of other details are so well understood by all careful physicians and sanitarians that it will be useless to give a resume of these very essential fearures. For a similar reason, I shall not enter upon a discussion of the manifold complications and sequelæ which sometimes arise, because these disturbances are managed clinically on general principles and are, with propriety, treated medically or surgically in accordance with the indications, as though they were distinct and individual diseases. But in accidents and emergencies of this character common sense and good

judgment on the part of the physician and nurse are pregnant with possibilities that may turn the scale for life or death to the patient. The courageous physician who encounters these perils will meet them with calmness, but will act with the utmost decision and promptness. When brought face to face with intestinal hemorrhage, perforation, peritonitis or other dangerous complication of typhoid fever, it is well to remember the axiom: "Treat the patient and not the disease."

In the treatment of many cases of this disease it is certain that an expectant course is often successful and that many recoveries would result even without medication; on the other hand some ultra-radicals prefer to say that some cases recover in spite of drug-treatment, but every conservative physician knows that a potent influence can be wielded for the welfare of his patient suffering from typhoid fever, no matter how extravagant the claims of the therapeutic skeptics and nihilists.

It is foreign to my purpose to review the recent literature on the treatment of enteric fever, and all that I shall attempt will be to outline a course which has given me uniformly satisfactory results. No mention will be made of the serum treatment and but little will be said of the cold bath treatment for the simple reason that the former is not established and the latter is, for the most part, impractical in private practice, notwithstanding the fact that in hospitals when it is rigidly and systematically administered according to the formula of Brand, no other treatment has given such universally good results so far as the mortality of the disease is concerned.

Owing to this material reduction in fatality over former methods, but evidently ignoring its inutility and the insuperable obstacles to be overcome in city or country practice before it can be successfully adopted, there seems to be a growing tendency on the part of many clinicians and hospital staff-physicians to question the reliability of any method of treatment except by means of hydrotherapy. Osler stands pre-eminent, in this capacity. Dr. Frank Billings, of Chicago, said in a recent number of the Philadelphia Medical Journal: "Drug antipyretics and so-called intestinal antiseptics have run a more or less unhappy course, and are now practiced by but few thinking men." This statement merely illustrates the attitude of a certain class of most estimable physicians and surgeons, but the fact remains that in all probability a vast majority of American and European doctors use the remedies of this elass in the treatment of typhoid fever. In this connection it may not be improper to quote a paragraph from Dr. John V. Shoemaker, of the Medico-Chirurgical College, of Philadelphia, who says in his treatise on Materia Medica and Therapeutics, in reference to a well recognized intestinal antiseptic: "Beta-naphthol is administered chiefly as a means of securing antisepsis. Being almost insoluble, it is one of the best agents at our command for disinfection of the alimentary tract. In typhoid fever it mitigates the severity of the disease and reduces the rate of mortality. The stools are deoderized, tympanites lessened, and the tongue moistened. Grave delirium rarely makes its appearance. These results announced by Professor Bouchard, have been amply confirmed by the writer and numerous observers at home and abroad. Dr. Mitchell Bruce concludes that the duration of typhoid fever is shortened, and the tendency to secondary complications overcome, by the use of beta-naphthol. The testimony of Dr, Petresco, of Bucharest, is strongly to the same effect."

During the last year I have treated some cases of undoubted typhoid fever of average severity and in each instance

some effort was made at intestinal antisepsis. By this I do not mean that the bacteria and micro-organizisms, the typhoid bacilli in particular, inhabiting the intestinal tract, and especially the gall bladder and other remote organs, were absolutely destroyed by a germicidal action of the remedies used but that some noticeable, beneficial effects were produced, I feel certain. Theoretically speaking, in this disease as well as in most microbic disorders of the intestinal canal, antisepsis is the great desideratum, and if the bacteria are not destroyed, the ptomaines and toxins are neutralized, and putrefactive changes are prevented. By the administration of certain remedies which will be considered later, it is entirely possible to render the foul and offensive typhoid stools free from putrefactive odors and the tympanites, ordinarily a prominent and distressing symptom, may be completely eliminated. These facts I have been able to demonstrate to my own satisfaction, and that the good effects do not end here is a reasonable hypothesis, As we have said before, it may be futile to address antiseptic remedies to the bacillus of Eberth, but many good clinicians do not entertain any doubt that their remedies properly selected will strengthen the wall of the bowel and prevent sloughing of the intestinal lesions. In addition, they will ameliorate the profound symptoms of septicemia, and as a consequence the attack is shortened and rendered far less dangerous.

It would be an interesting problem in pharmacology to discuss the relative merits of the various agents used for this purpose, but after naming the ones that are most in favor, I will take up in greater detail the ones which have given in my hands the most pronounced and satisfactory results. Among the intestinal antiseptics and disinfectants in general use and esteem may be mentioned calomel, salol, salicylic acid, carbolic acid and iodine, much prized by the Germans and by some writers considered a specific, the terebinthinates, tincture benzoin, creosote and its derivatives, guaiacol and guaiacol carbonate or duotal, resorcin, naphthalin, naphthol alpha and beta, thymol, menthol, eucalyptol, copper arsenite, zinc sulphocarbolate, and some other new and old remedies that might be worthy of mention. Thus it may be seen that the materia medica furnishes a wide range for selection, and the physician must use discretion in deciding his choice, because these drugs are not all equal in value. In this connection Dr. Frederick P. Henry emphatically states: "Intestinal antiseptics are of undoubted value in the treatment of typhoid. In fact, considering that the disease has its origin in the gastro-intestinal tract, it is a question whether intestinal antisepsis is not the primary indication. The best drugs of this class are thymol and naphthalin." After some trials and investigations my personal preference is for the sulpho-carbolates, that is, the sulphocarbolate of zinc or sodium, administered either alone or in combination, according to the indications. In case diarrhea is a prominent feature of the malady the zinc salt will be found most serviceable on account of its astringency, but when constipation prevails as it not infrequently does, the sodium salt may be substituted to good advantage. Judging from my observation and experience, I have every reason to believe that the effects to be derived from giving these two intestinal antiseptics throughout the course of typhoid fever will be productive of much good and that they will so modify many of the worst symptoms that a great amount of the usual symptomatic treatment will be unnecessary.

Another measure to be used in connection with this antiseptic freatment of typhoid fever is frequent colonic

flushing with normal saline solution. These enemeta are of paramount importance and should be employed irrespective of diarrhoea or constipation, for by so doing the toxic products are eliminated in the most natural way to the greatest possible extent.

Before dismissing the treatment of typhoid fever I desire to call the attention of the profession to thermol. While this new remedy is not an intestinal antiseptic in the same sense as zinc sulphocarbolate, salol or thymol, but rather belonging to the class of antipyretics and analgesics, yet it is claimed by those who have used it extensively that its use will inhibit the cultures of the germ of the disease in the body of a patient suffering from typhoid toxaemia, or at any rate that it will "act antagonistically to the leukomaines in the blood." Granting the truth of this, it must be considered the remedy par excellence for typhoid and superior to any intestinal antiseptic ortohydrotherapy. My attention was first called to this new treatment in the very interesting article and reports of cases by Dr. Geo. B. Miller of Philadelphia, in the Philadelphia Medical Journal, September 30, 1899. Unfortunately, owing to the fact that the remedy is entirely new, it is impossible to produce a great array of clinical data and statistics as to its merits or superiority, or to make comparative estimates of its usefulness with older therapeutic agencies, but it certainly deserves further careful and scientific study, and it should be so rigidly tested in the fever wards of some large metropolitan hospital under such conditions as prevail there that no room for doubt would be left as to its result and place in the therapy of abdominal typhus. I have given the remedy to which I refer a fair and impartial trial in four cases of typhoid fever, and as to its safety and harmlessness, I can offer positive testimony. This drug belongs to the family of anilides, and is called thermol, a true, definite and permanent chemical compound or alkaloid and not a pharmaceutical mixture. It is a white, crystalline, odorless and tasteless powder, with the chemical formula of $C_{14}H_{15}NO_3$. The characteristic physiological action of this drug is to reduce pyrexia by dissipating heat and to inhibit heat-production by exerting a sedative and controlling influence over the heat-producing nerve-center. In this manner excessive tissue waste and and combustion are prevented. Elimination from the excretory organs is promoted, the activity of the skin and grandular system is increased, and thus the patient is enabled to dispose of the poisonous products during the career of the fever instead of during convalescence as is the case when antipyrine and some other remedies are used.

Flint says in regard to the treatment of typhoid fever: "Of all therapeutic measures, those directed toward the reduction of the fever take the first rank." Accepting this dictum, even though we do not consider a moderate elevation of temperature dangerous per se, we have in thermol a remedial agent which is much more convenient of administration than the cold bath treatment, and one which will not only reduce the high temperature with greater apparent safety, and one which, in addition, will lessen the symptoms denoting severty of infection, such as stupor and other ataxic disturbances.

While thermol in some respects resembles acetanilid and some other synthetic compounds, its actions and effects are not by any means absolutely identi al, and in some essential features it is quite dissimilar. In a word, it may be safely substituted for any other antiypretic of the aromatic series, but the others cannot usurp the place which thermol is destined to hold in the theapy of typhoid

fever. In my use of thermol, which use is by no means confined and limited to the four cases of autumnal fever just mentioned, I have never experienced with it any of the disadvantages and deleterious effects of the other coal-tar products. In proper doses, thermol may be used continuously from the very inception of typhoid fever until convalescence is completely established without the unfavorable influence upon the circulatory system or other vital organs. In no case, either in my cases of typhoid fever or in other diseases of an asthenic character in which I have used the remedy, has their been noticed the least tendency to the production of cyanosis, a condition only too frequent with the use or abuse of its congeners. Acetanilid and antipyrine we know are not without their dangers, and for this reason I must admit it was with some feelings of misgivings and reluctance that I began the use of thermol in typhoid fever, but after a somewhat extensive use of it in various diseases requiring an analgesic, sedative and antipyretic, such as pneumonia, influenza, malaria and typhoid, I know that it is positively non-toxic and non-cumulative in reasonable dosage. In a disease like typhoid fever, a disease in which depression must be studiously avoided, the main question to settle in the use of this drug is its absolute and universal safety, because after only a superficial trial, the valuable properties which make it an effective and gratifying remedy are so apparent that the least observant physician would be cognizant of the happy effects. Before condemning or neglecting to utilize this new antipyretic remedy, I sincerely advise my fellow-practitioners to give it a fair and impartial trial in one case of typhoid fever, and by so doing I have the utmost confidence that any preconceived prejudice will give place to hearty enthusiasm. "There is no doubt," writes Dr. Miller, "that every member of the medical profession will gladly accept any plan of treatment which will shorten the tedious course of typhoid fever, prevent its consequent exhaustion and lessen the prolonged convalescence, to say nothing of reducing its mortality. If future investigations produce results which compare favorably with and corroborate those already made we may almost claim thermol to be specific in its action and destructive to the typhoid bacillus."

In order to demonstrate some of the practical points in favor of the antiseptic and antipyretic treatment of typhoid fever I shall merely furnish a brief history of one case, the others being fairly similar and typical in results

On October 18, 1900, I was called to see A. R., male, aged 23 years, who had been confined to bed for four days, but whose illness had existed for ten or twelve days prior to my visit. During this time he had suffered with marked prodromal symptoms of typhoid fever. He had had chills, more or less severe, malaise, constant and very severe aching pain in the head and limbs, some nausea, anorexia, coated tongue, nose-bleed, moderate pyrexia, diarrhea, tympanites, iliac and abdominal tenderness. Upon careful examination I found a temperature of 104 degress F. marked tympanites, diarrhea, with four to six ochre-colored stools a day, rose-spots, the tongue, tremulous, coated brown and glazed, with cracks and fissures, sordes on the teeth and lips, mild delirium, a troublesome cough and moist rales, the characteristic flushed, dull, heavy, listless, stupid typhoid facial expression, obtunded hearing, and great mental apathy, hebetude and inanimation. In a word, all the typical and cardinal objective symptoms were present in much more than the average severity at this stage of the dis-

ease. By way of treatment I prescribed thermol in doses of two and one-half grains every three hours and gave the same amount of zinc sulphocarbolate in aqueous solution with the same length of intervals between doses. No other medicinal treatment was used at any time during the career of the disease and the results exceeded my most sanguine expectations. Within forty-eight hours every symptom enumerated had become materially modified and diminished in severity. The subsequent temperature never exceeded 103° and only once or twice did it pass 102°, the diarrhea quickly subsided, the meteorism melted away as if by magic, the mucous and cutaneous surfaces became moist, the coated and fissured tongue rapidly cleansed and changed its morbid character, the circulation regained its tone, the confusion of mind, cephalalgia and hebetude speedily passed away, the insomnia gave place to refreshing sleep, and by the 4th day of Novem- the patient's temperature was normal and convalescence had become firmly established. No case of equal severity at the outset could possibly have run a smoother or more uneventful course after the treatment was instituted. The patient was confined to the bed precisely three weeks and there was no sequel whatever, except a slight and transient furunculosis. By this course of treatment the angry protests and pitiful entreaties of patient and friends, the shivering end chattering teeth, the gasping respiration, the dread and the multitude of annoyances to the patient, nurse, physician and family occasioned by the cold bath process were avoided, and still the patient experienced all the comforts to be derived from that system and finally he did not linger on and on as not infrequently happens with hydrotherapy.

In recommending thermol as a reliable and valuable therapeutic resource in typhoid fever, I mean genuine and unmistakable cases and have no reference to febricula, malaria, so-called typho-malarial fever or other diagnostic enigmas, but cases in which all the symptoms, the Widal test, and clinical history stamp the disease as correctly diagnosticated.

Experience has demonstrated that thermol should be administered to an adult typhoid patient in doses of approximately two and one-half grains every three hours throughout the whole duration of the disease, irrespective of the records on the temperature chart or the thermometric reading.

In conclusion, with the use of the two remedies I have suggested, namely thermol and zinc sulphocarbolate, I believe that the ideal antiseptic treatment has been inaugurated and that with them the great majority of cases of typhoid fever in private practice may be treated with the greatest confidence and success, and with a mortality even lower than with the justly famous and reliable Brand tubbing process. From my own observation and from investigation of the literature extant I see no tangible reason why any deaths should occur at all when they are properly used early in conjunction with approved hygienic accessories, barring the accidents and intercurreny complicating diseases. Certainly no other treatment is more inherently calculated to prevent the troublesome and fatal complications than the antiseptic and antipyretic measures outlined in this article. As I have intimated already, the advantages to be derived from this treatment will be manifest not alone to the scrutinizing and discriminating practitioner. but to the superficial observer as well. From my experience limited as it is, I feel justified in claiming that there is evidence to sup-

port the belief that the rational use of thermol and of the sulphocarbolates will rob typhoid fever of many of its terrors and dangers, that thus used they will beyond a doubt to some extent shorten the duration of the disease and lessen greatly the tendency to relapse, that they will certainly be productive of much physical and mental comfort to the patient in reducing the fever and at the same time cause the skin and mucous membranes, including the tongue, to be moist, that the respiratory, circulatory intestinal, nervous and all other special symptoms will be reduced to a minimum, and finally that on account of these beneficial effects so speedily and surely produced, little recourse to other remedies will be indicated or required.

NATURE AND TREATMENT OF HYPOCHONDRIASIS.

By John O. Manry, M. D., Ponce, Porto Rico.

The practitioner is very frequently called on by patients for treatment of a series of symptoms which are not sufficient to make out the clinical history any disease. Often these patients are regarded as mildly insane, and often they are treated with inconsideration, and are laughed at as men or women who have "hippo."

The disease consists of a morbid apprehension either of the existence of, or a liability to some serious disease. In mild types of the affliction the patient complains of general systemic debility, and great susceptibility to disease influences. The patient is therefore morbidly afraid of the onset of some disease, and the precautions which they employ to prevent diseases are very numerous. Later on the disease fastens itself upon the patient and he feels himself the subject of some serious disease, and that he is in imminent danger of death. In this connection I can do no better than quote the words of the late immortal Flint: "Different cases represent gradations between these extremes. The mental depression or despair which may be produced by a knowledge of the fact that a serious or fatal disease actually exists, does not constitute hypochondriasis. The hypochondriac is the victim of a delusion with respect to a pathological condition; and the mental suffering arising from this error of belief often exceeds that which would be likely to be experienced if the fancied diseases existed. Generally the hypochondriacal delusion is accompanied with more or less mental depression, and often with marked melancholia, but in some cases, patients are resigned and cheerful. Fancied diseases, are sometimes the occasion of deep and pure religious sentiments, calling for the manifestations of pious resignation."

These patients will demand treatment at our hands, and we believe that if we will give these patients intelligent treatment and tell them that their case is not an incurable one, I believe we can very often bring about results of the happiest nature. It is a fatal mistake on the part of the physician to laugh at these patients or to tell them they are not diseased The treatment consists then both in giving correct medicines, and having the patient go about among agreeable friends, and in the physician giving assuring promises of relief. The best remedy for these patients is Daniel's conc. tinct. passiflora incarnata. This agent is a nerve stimulant and anodyne, and while it is taken the patient gets sufficient sleep, and he loses his nervousness and the oppression of death or disease lessens. These patients generally stay in-doors a great deal and eat as a rule concentrated foods. Constipation is therefore a factor in nearly

every case, Daniel's conc. tinct. passiflora incarnata besides being an ideal nerve tonic, is also a mild laxative and mild diuretic, and it therefore increases the health of these patients by its action as an eliminant. It will be found that the remedy, if persisted in, will bring about a curative termination in nearly all cases of hypochondriasis. The nerve rest, and the natural sleep which the remedy brings, rarely fails to bring about the most speedy relief of some of the most agonizing symptoms. Sleeplessness makes every feature of the disease worse, and this remedy is one of the most certain which we possess to overcome and to cure insomnia. Daniel's conc. tinct. passiflora incarnata is admirably adapted to meet the indications in this disease—it can be taken for a long period of time without losing its efficacy, and it has no evil after effects like opium or chloral, and it is not poisonous, and does not establish drug addiction. The dose is from one to two teaspoonsful every two, three or four hours, as the urgency of the case may make necessary.

TREATMENT OF CATARRHAL PNEUMONIA.

By E. N. Ritter, M. D., Williamsport, Pennsylvania.

At this season of the year pneumonia is a disease which specially interests most physicians, and a few practical ideas on the treatment of catarrhal or broncho-pneumonia may be suggestive to Recorder readers.. If the cases can be seen early and energetic measures then instituted, the physician's chances for successful results are very great.

No routine method of treatment can be prescribed. The room should be thoroughly ventilated, but free from draughts. A moist atmosphere is preferable and an apparatus for producing medicated steam may be improvised.

The chest should be enveloped in a neat fitting cotton jacket. Outward applications, such as poultices, irritating ointments and blisters are unnecessary, and sometimes even harmful.

In the earlier stage of the disease, aim to lessen the frequency of the pulse in order to obtain a uniform circulation of the blood, to allay irritation of the lungs, to establish secretion and to alleviate pain.

The first object is accomplished by sedatives in small doses and frequently repeated. Aconite and veratrum are the two most frequently indicated. If the pulse is small and frequent, give aconite; but on the other hand, if it is full and hard, give veratrum. If either are administered properly and as indicated, the inflammation is held in check, and after 24 or 48 hours a gradual decline in pulse is observed. Large doses of either remedy will rapidly lesson in a few hours, but it is unscientific to employ them then as they then act as depressants instead of sedatives, therefore opposing nature's method of cure. If symptoms of pain are manifested in the respirations or on coughing, add or alternate bryonia with the sedatives. If there are evidences of determination of blood to the brain, give gelsemium. If there is much mucus rattling in the chest, give lobelia every two hours and it will have a specific action. If it should nauseate, the dose should be decreased, but should be given at frequent intervals.

A laxative should be administered at the beginning of the disease, preferably calomel gr 1-8 or 1-10 every hour until a grain is administered. If the bowels have not moved, follow the calomel by a saline.

During convalescence the patient should avoid all undue exposure and take the best care of himself. Strength should be supported by nutritious diet.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

DOSIMETRIC PRACTICE.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

(Eleventh paper.)

CROUP-DIPHTHERIA.

Following the plan suggested last month, we would present a few thoughts on another winter disease, and the more particularly so because we have only a few days ago been brought face to face with the disease and witnessed its blighting and destructive work.

"Croup-Diphtheria. What do you mean by that? Never heard of it before." Wait until we are done and then if you do not know drop us a card and we will answer you at length.

Baby had been ailing but only slightly, three or four days with cold and croupy symptoms, but mamma not suspecting the gravity of its disease had used the household remedies that so often answer so very well the purpose. But at last she saw that her remedies were not of sufficient virtue to reach the case, and at dark on the fourth day of the illness we were summoned to the bedside of the little sufferer, and found the following conditions: Baby was in his mamma's lap, with an anxious look upon his face, loud, stridulous breathing, that could be heard quite a distance, a modified croupal cough, aphonia. On examination, there was no membranous deposit anywhere present. There were dilatation and flapping of the alae nasi, with recession of the epigastrium, supra-sternal fossae and supra-clavicular regions, considerable fever and accellerated pulse. There was some swelling of the glands of the throat. Died. This is our own case just as it presented itself.

We have before us several cases from recent literature which we wish to bring before you that you may familiarize yourself with the malady.

Case 1. Exudation spread over soft palate, uvula and pharyngeal walls; in a couple of days the child became hoarse, slight stridor and croupal cough developed, slight dilatation of the alae nasi; grew rapidly worse. Spells of coughing and marked dyspnea would come on. There was recession of the epigastrium, supra-sternal fossae and supra-clavicular regions. Temperature 101 °. Pulse 120. Died.

Case 2. Ruth R. had been complaining three days, there was complete aphonia, loud, hoarse, stridulous respiration, dilatation of alae nasi; recession of the epigastrium, of the lower border of the ribs, supra-sternal fossae and supra-clavicular regions. paroxysms of dyspnea and coughing; slight fever, pulse 120, gray patches on both tonsils and all over the epiglottis a yellowish, gray membrane. Diagnosis, laryngeal diphtheria. Recovered.

Case 3. Patches of dirty gray exudate on the tonsils and pharyngeal wall, membranous deposit on the epiglottis, dilatation of the alae nasi, with recession of the epigastrium and supra-sternal fossae and supra-clavicular regions, slight fever and accellerated pulse, croupal cough, with paroxysms of dyspnea. Diagnosis, membranous croup. Died.

Here we have four cases, our own and the three reported cases, all very much alike indeed. The question is, what is it? The doctor quoted, diag-

noses his cases the one membranous croup and the other laryngeal diphtheria. But we ask, what is it? Is there such a thing as diphtheritic croup? One writer says, that not in all cases of membranous croup can the Loeffler bacillus be found and that it is possible that there may be a non-diphtheritic croup. Another writer says that membranous croup, is a local inflammation accompanied by a fibrinous exudate and it is in no sense a diphtheritic exudate. Again there can be no doubt that there are cases of diphtheritic croup which so clearly resemble membranous croup, that it is impossible to arrive at a definite diagnosis, for example those cases of diphtheria in which the exudate confines itself to the trachea and smaller tubes, and fails to appear on the tonsils, but these are rare, very rare.

Upon the questions of the identity of membranous croup and diphtheria Dr. Gray says the profession has always been and is still divided, one portion claiming that primary croup is purely local and secondary croup is a constitutional affection, while another part of the profession asserts with equal confidence that they are one and the same disease with different manifestations.

Another authority says: I have no doubt as to the absolutely distinct nature of the two diseases. While I have seen many cases of exudative croup since the advent and general prevalence of diphtheria, yet not one of them has been an old-fashioned case of membranous croup such as I frequently saw during the earlier days of my practice, but all have been of diphtheritic character.

Many of our older physicians, who treated croup when and where diphtheria was unknown and did not exist, recognized a clinical difference in the two affections. They did not recognize croup as contagious, nor did they observe those constitutional symptoms so prominent in diphtheria. Dr. Bartholow maintains that croupous laryngitis or membranous croup is an independent substantive disease and assigns the following reasons for his belief: 1. It occupies the larynx exclusively; 2, is a purely local affection; 3, the exudation is on, not in the mucous membrane; 4, and systemic poisoning and septicaemic processes never result.

Dr. Bishop, of Chicago, says he is not prepared to admit the identity of its two diseases. Croup is primarily an affection of the larynx, diphtheria of the pharynx. True croup is idiopathic, and arises independently, spontaneously, and in isolated instances, without inoculation or infection from a previously existing case of the disease but diphtheria does. Diphtheria is contagious, croup is not. Croup does not infect the whole system with a profoundly depressing and exhausting poison, diphtheria does. The sequellae of diphtheria never follow croup. Much more might be added on this side of the question but we deem this sufficient.

On the other hand authority is abundant, supporting the idea that the two diseases are identical. Taylor and Wells say that true or membranous croup and laryngeal diphtheria are essentially the same, but is not always the work of the Klebs-Loeffler bacillus. Osler describes membranous croup under the head of diphtheria and calls it laryngeal diphtheria and says: "Membranous croup, then, may be said to be genuine diphtheria or diphtherial in character." Other and honored names might be used on this side of the question but this is enough.

This important article will be continued in next month's Recorder, and will present a table showing the main features of membranous croup and laryngeal diphtheria. Dr. Price has investigated this subject thoroughly.

Rundschau.

By H. Speier, M. D., Janesville, Wis.

SUBARACHNOID INJECTION OF COCAINE.

The introduction of intraspinal anesthesia has made so much stir in the medical world, that the readers of the Recorder will pardon our speaking of the subject again. Reports of less favorable experience with the new method are coming out with greater frequency. Thus a Roumanian surgeon Pitesci, found in eighty per cent of his cases some form of collateral intoxication, in three per cent the symptoms were of a character distinctly pernicious, in the remaining cases the most satisfactory surgical analgesia was produced. He asserts further, that repeated cocainization of the cord results in acquired tolerance.

He also insists upon the danger of the method in cases of renal disease or in cardiac and arterio-sclerotic cases.

The need of absolute asepsis cannot be insisted upon too strongly. The words of an editorial in the Medical Dial deserve the attention of all surgeons. "Once infect the spinal canal with septic bacteria, and the patient is doomed. If the surgeon meets with trouble in the administration of chloroform or ether he can act with promptness and perhaps save the patient from the very jaws of death, not so with the septic infection resulting from spinal puncture. Treatment is of no avail, and he can only look helplessly on, tormented, then and ever after, with the reflection that with a different anesthetic he could have carried his patient through in safety. Corning had the genius to discover spinal anesthesia, but he had also the good sense to discontinue its use for surgical purposes."

The general practitioner will do well, before using spinal cocainization, to wait, until the full scope of the method, its usefulness and its dangers, has been thoroughly established.

SMALL-POX

There can be little doubt that the country stands in danger of an epidemic of small-pox, or rather is experiencing one now Cases are being reported from nearly all the states. So far the type has been mild, although in Winona, Minn., which city is said to have 500 cases, it seems to change for the worse. Health boards are confronted with a serious problem. While there is but little difference of opinion among physicians about the value of vaccination, the anti-vaccination crank is active everywhere obstructing the work of health officials. The spread of the disease is much favored by the inability of many physicians to recognize small-pox in its mild form and their unwillingness to admit errors of diagnosis. The business of a community is hurt by the announcement of an outbreak of small-pox in its midst. Moved by false and foolish patriotism local physicians too often attempt to conceal the appearance of the contagious disease which masquerades as chickenpox or Cuban itch. There is no such disease as the latter, it has neither pathological nor symptomatic individuality, it is a name invented for the purpose, it is simply smallpox. As long as physicians persist in such a course of deception the disease is sure to spread and will soon overrun the whole country. State boards ought to take the matter in

hand and hold some of the stubborn offenders criminally responsible.

DIVISION OF FEE.

After having been for a considerable length of time a fruitful theme for medical journalism the controversy about a division of fee between the general practitioner and the operating surgeon or specialist has reached the lay press. Of course it was to be expected; nevertheless it is to be regretted, for as usual the medical profession appears to disadvantage. The Chicago Tribune of December 20th, abstracts a number of articles on the question by Dr. G. Frank Lydston, written for the Philadelphia Medical Journal. Any one familiar with the gentleman's style of writing can form an idea of the directness and force of the articles. He calls a spade a spade and draws his conclusions and makes his applications absolutely without fear or favor. It would be carrying coals to Newcastle to enter into a discussion of the pros and contras of the question. It has been threshed over sufficiently. It was rather profitless, anyhow. Whatever the right or the wrong side may be, this much becomes apparent, as indeed every time when business matters are touched upon, that the medical profession in general does not enjoy great financial prosperity. The practice of asking and giving commissions which in all probability originated with the surgeon and specialist in the larger city, is the direct outcome of too much supply, too great and intense competition. Want and necessity drive many a man with fine mental and moral susceptibilities into questionable actions which his more fortunate confrere stigmatizes as unethical or even unmoral. Medical men have not much charity toward one another. What is to be done about it? Declaiming in medical journals and societies against it will not do, making entrance into the profession more differcult does not help, legislative measures cannot be applied. The question is one phase of that great general question, the social inequality and unrest which the nineteenth century has raised up. It is one of the principal tasks the new century will have to solve.

FEMALE PHYSICIANS IN GERMANY.

Advocates of equal rights for the sexes have gained a decided victory in Germany. The government will, after this, admit women to the study of medicine in the home universities so that they will not any longer have to go to foreign schools, notably those of Switzerland. In connection with this innovation one of the daily papers of Berlin reproduces a report in its issue of July 18, 1754, where it tells that the medical faculty of Halle has granted the degree of M. D. to Mrs. Dorothea Christina Erxlebin, after she had passed the examinations with distinction. It took a special decree of the enlightened King Frederick the Great to admit the woman, who had read medicine under her father, to such unusual privilege.

SUTURE OF ARTERIES.

A new surgical procedure of vast usefulness. It can be applied only, when strict asepsis is possible and should not be tried where suppuration cannot be avoided. Its field of usefulness is in all cases of injury to a vessel where a ligature would inevitably bring about serious nutritional changes in the organ supplied by such artery, such as wounds of large arteries from puncture, gunshot, lacerations, etc., also in aneurism. The finest silk and a round, curved intestinal needle are used and absolute coaptation of the edges must be produced. Overtension as well as the slightest bruising of the vessel by instrumental pressure must be avoided.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

If you know a good bargain you will agree with us that the clubbing offers made in our advertising pages are something wonderful. These offers enable any doctor to get the best literature at half price.

Dr. Geo. M. Gould informs us that he has been unjustly crowded out of the editorial management of the Philadelphia Medical Journal, which he has edited since its organization three years ago. Dr. Gould plans to start a great medical weekly which shall be owned by a stock company of physicians and which shall be conducted along the independent lines he believes in.

Iodo-thyrine is one of the newer products which has established for itself a permanent place in therapeutics. We have recently had some very satisfactory results with it in treating several cases of goiter which had not yielded to various other treatments. Goiter is often such an obstinate disease that it is well to remember the value of iodo-thyrine in treating the trouble. It often reduces goiter when plain thyroids have little effect.

Many of our old subscribers are improving our offer to give premiums with renewals. One dollar renews your subscription for a year and gives you one thousand premium labels. Some have paid up for two or three years in advance and others have secured our clubbing bargains. If your subscription is not paid up to the end of 1901, it would be a good plan to improve these offers while you have the chance.

Contag ous diseases are often spread by means of books from circulating libraries and second-hand book stores. Public attention is just being aroused to this source of danger. The New Jersey state board of health has decided that this is one method of transmitting disease and is using formaldehyde gas to disinfect books. The board is experimenting to find the least amount of formaldehyde gas which will disinfect. By means of formaldehyde not only are the books disinfected but for a time they are germ-proof. Every public library should at regular intervals be disinfected with formaldehyde gas. This is a matter of importance and should receive general attention.

It pays to bind your journals, as in a few years, you have acquired a working library at small expense. We do all kinds of binding at prices ranging from fifty cents per volume up according to the quality of the binding. Better box up your last year's journals, doctor, and send them to us by freight and see what a nice lot of books we will return to you. If you send us your last year's Recorders and sixty-five cents we will return to you prepaid, an elegant, bound volume. Some of our subscribers do this every year and many say they would not take considerable for the three bound volumes.

We have a few bound volumes of volumes one and two which we will sell at a low price to any subscribers wishing to complete their sets.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

STUDENTS' EDITION, A PRACTICAL TREATISE OF MATERIA MEDICA AND THERAPEUTICS, with special reference to the Clinical Application of Drugs. By John V. Shoemaker, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College, of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Fifth Edition. Thoroughly Revised. 6¼x9½ inches. Pages vii–770. Extra Cloth, $4.00, net; Sheep, $4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Shoemaker's Materia Medica and Therapeutics is a justly popular work with both physicians and students, and this is shown by the freqent new editions which are published. This book is not only an excellent work for students but it is unsurpassed as a one volume work for physicians' use. This work considers only the official remedies of the United States and British Pharmacopoeias. Each drug is considered carefully and concisely, the pharmacology, physiological action and therapy being thoroughly presented. The book is up-to-date and gives late researches relating to many preparations. A commendable feature is the alphabetical arrangement of all the remedies so that the book can be opened and any drug quickly found.

Dr. Shoemaker has condensed into this work the results of his many years experience as a writer, teacher and practitioner of therapeutics. Under the therapy of each drug formulas are given showing its use in combination with other remedies. Young practitioners especially, will prize this feature as the book gives a good working supply of reliable perscriptions. The work is accurate and a safe guide for both students and physicians to follow.

The review of the month in the January World's Work sweeps over the whole field of activity in its straightforward and cheerful treatment of the most important contemporaneous events; political, sociological, educational, international and literary —from New England to Alabama and California in our own land and from Egypt to the Arctic. The full-page portraits are: John Fiske, the historian, President Hadley of Yale; Booker T. Washington; General Roberts; Capt. Crogan, the celebrated African traveler; and several full-page illustrations besides portraits—in all 100 essential pictures. A notable article is "The Duty of Getting Rich" by Bishop Lawrence, of Massachusetts, who shows that the old doctrine of the depravity of riches is an economic and religious error.

The World's Work is meeting with great success and should be read by all progressive doctors. It is publishee by Doubleday, Page & Co., New York City.

Dr. Lydston's new book, Panama and the Sierras, has just been issued. Next month it will be noticed at some length in this department but in the meantime we would say if any doctor wishes a charming book of entertainment he should read this volume.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Wis. Marriage Law.—An amendment to the marriage law of Wisconsin has been introduced in the legislature, which provides for the examination of all applicants for a marriage license. If this passes the legislature it will prevent the marriage of dipsomaniacs, insane and those having tubercular or venereal disease.

Ointments.—A number of proprietary ointments offered for physicians' use, are far from satisfactory and are even harmful. Lanikol is an ointment with which no fault can be found as it is bland, antiseptic and penetrating. It is being extensively sold to physicians because it has real merit.

Many Descendents.—The daily press reports that Mrs. Eliza Bunt, of Bethany, Mo., is living in her third century, having been born in 1799. She is in good health and she has nine children, fifty-nine grandchildren, one hundred and sixty-one great-grandchildren and forty-five great-great-grandchildren. This makes 274 living descendents, the greatest number on record.

State Transactions.—The New York State Medical Association will start a journal for publishing its proceedings. This, we believe is a mistake, as the society would do much better to publish its proceedings in the New York Medical Journal or the New York Medical Record, if it wishes them in a journal. We believe state society proceedings are much more satisfactory in annual volumes, which are highly prized by many members. Some members, who do not attend state meetings regularly, keep up their membership in order to receive the annual volumes and no medical journal will take their place.

Hypophosphites. — Dr. Heinrich Obersteiner, Professor at the Imperial Vienna University, Vienna, Austria, says: I have frequently used Fellows' syrup of hypophosphites during the past few years, both in my private practice and at my Institution; and in all those cases in which it was necessary to raise the general nutrition of the system, I have obtained very gratifying results, which encourage me to make further trials of the preparation.

Iodipin.—This is a feeble organic combination of iodine and sesame oil, made in two strengths 10 per cent. and 25 per cent., the latter for subcutaneous use. It is easily absorbed and quickly decomposed so that the system is quickly saturated with iodine. Its hypodermatic use is a valuable addition to therapeutics. A syphilitic may be placed on the iodides internally and iodipin hypodermically and thus be quickly brought under the iodine influence.

Chronic Nephritis.—Dr. W. P. King, who conducts a sanitarium at San Antonio, Texas, reports the following cases which he has been treating with the Roberts-Hawley lymph: Diagnosis: chronic interstitial nephritis, of seven years standing. Patient 31 years of age. Compl.: Dilated left ventricle, heart exhaustion with drop y, etc. Symptoms: Albumin and tube casts. Results: 30 days

treatment. Compensation established. Albumin and casts dissappeared in middle of third week. Patient went to work (after being away from work one year on account of sickness) on the eighth day. Apparently well; will take another 30 days under advice.

Chronic interstitial nephritis. Compl.: Anterior paralysis of both legs for two years, with facial paralysis for one year. Symptoms: "Foot drop" from paralysis of anterior muscles of legs; facial paralysis, left side. Albumin and tube casts in urine. Uraemic vomiting. Results: 21 days treatment: Anterior paralysis of legs recovered on 15th day, and paralysis of face on 20th day. Patient compelled to leave on 14th day, taking one weeks treatment with family physician. Writes that he is free from symptoms. Nephritis benefited decidedly.

Grippe.—Hagee's cordial of cod liver oil with hypophosphites of lime and soda is a remedy for grippe. It restores health, and has the further effect of curing the disagreeable post-grippal symptoms so often seen. Thus, night sweats, loss of weight, and the entire train of nervous symptoms, such as intestinal neuralgia, headache, brain fag, eye strain etc., quickly yield to its action. It is pleasant to take, efficient in action, and a great builder of all the tissues.

Optical Improvements.—Two recent optical improvements which will interest many of our readers are a new bifocal lens and a new eyeglass mounting.

The best bifocal lenses on the market are Johnston's automatic grooved perfection lenses. They are a great advance in bifocal lenses and are made by the Johnston Optical Co., Detroit Mich.

The Peerless eyeglass mountings are a distinct advance in eyeglass mountings. They can be adjusted and will cling to noses when no other eye glass can be used. If you fit glasses write J. M. & A. C. Johnson, Chicago, about them.

Membranous Croup.—The treatment of membranous croup has not met with such striking success as to render the introduction of a new remedy undesirable. And when this remedy comes to us with a long list of successes to back up its claims, they are assuredly worth investigating. We refer to the brown iodized calcium, which has proved a remarkable remedy in true membranous croup, the non-diphtheritic variety. For it has been shown that there is a membranous croup wnich is distinct from laryngeal diphtheria. For the former iodized calcium is presented as a specific; for the latter true calcium sulphide is likewise advocated. Both remedies are supplied by the Abbott Alkaloidal Co.

Seasonable.—When the temperature of the body is above normal, conditions are especially favorable for germ development. It is a matter of every day observation that a simple laxative is often sufficient to relieve the most threatening situation and prevent the most serious complications. To reduce fever, quiet pain and at the same time administer a gentle laxative and strong tonic is to accomplish a great deal with a single tablet. We refer to laxative antikamnia and quinine tablets (a tonic-laxative, analgesic and antipyretic) each tablet containing:

Cascarin, gr. ½
Aloin, gr. 1-32
Ext. Belladonna, gr. 1-32
Podophyllin, gr. 1-32
Quin. Bisulph, gr. 1¾
Antikamnia, gr. 3

Among the many diseases and affections which call for such a combination,

we might mention la grippe, influenza, coryza, coughs and colds, chills and fever, and malaria with its general discomfort and great debility. We would especially call attention to the wide use of this tablet in chronic or semi-chronic diseases.

Hematuria.—E. B. Gilbert, M. D., Ph. D., of Carbon, Texas, writing says: I used sanmetto on a patient who had hematuria of long standing, and it gave the very best of results. The gentleman came back to my office about ten days after I prescribed sanmetto for him, and said he had tried four doctors (naming them), and had gotten no good results, but that I had cured him. He being a very influential man, and I being a young physicion, it has been worth quite a lot to me in the way of practice. I have on hand at present, three genito-urinary cases, who came to me for treatment, as a result of the success I had on that special patient, who would otherwise have gone to their family physicians.

From London.—The following appears in the London Lancet, Jan. 6, 1900, page 361: Maltzyme is evidently prepared with due regard to the preservation not only of the digestive principle of the malt, but of the important nourishing constituents of the grain also. It is exceedingly active on starch jelly, rapidly converting it, even in the cold, into soluble starch and finally dextrin and maltose. At the body temperature its action is still more rapid. One important advantage of maltzyme is its thin consistence, so that the requisite dose may be readily poured out of the bottle. It possesses a fine malty flavor with no unpleasant aftertaste. We have examined also maltzyme with cod liver oil, a combination which, in view of the activity of the disease, is a valuable therapeutical agent, especially in wasting diseases.

Optic Atrophy.—One of the most difficult diseases to successfully treat is atrophy of the optic nerve. Any constitutional condition, which may be the cause, must be looked after, such as syphilis, auto-intoxication, dipsomania, etc. Potassium iodide, mercury and strychnine are leading remedies in treating the trouble, strychnine being best given hypodermically. The Turkish bath is a useful measure, and it is well to precede each bath with a full hypodermic dose of pilocarpine. Another remedy which is useful in all stages of the disease is mercauro, the dose of which should be increased until the patient gets full doses. Some apparently hopeless cases of this disease which seemed likely to terminate in blindness, have had useful vision saved by the timely and thorough use of mercauro. Galvanism properly applied, is a good measure in treating the disease locally.

The Magazines—The February McClure's Magazine will contain much of interest to doctors. Prof. Ira Remson will contribute a valuable article on "Unsolved Problems of Chemistry."

Success is always good. Among many other attractive articles of the February number, will be "John Marshall, the Ideal Man." Stories of Lincoln and a sketch of Horace Greeley are leading features.

The Ladies Home Journal promises to be of more value and interest than ever before this year.

The short fiction in the "New" Lippincott is always well chosen and up-to-date in subject. For instance, "The Day of the President's Message," by Edwin L. Sabin, in the January number is an incident that might be read in any local column, and yet it is of the very essence of good fiction, which demands tender as well as vehement chords.

A Valuable Hypnotic.—The extract from the Vermont Medical Monthly which we give below truthfully states the useful hypnotic properties of bromidia: "Every progressive physician recognizes the necessity of overcoming the insomnia attending certain diseases. At this season of the year, when pneumonia is so prevalent, probably nothing will so satisfactorily relieve the distressing symptoms of sleeplessness as bromidia. By the use of this reliable preparation we can obviate the effects of losing sleep, and at the same time feel that the heart's action is unimpaired, a dire calamity in a pneumonic process.

Interesting Advertising.—"Medical Methods—Old and New" is the subject of an illustrated series of advertisements of the Abbott Alkaloidal Company which has just been commenced in the Recorder and some twenty-five other leading medical journals. This series when complete will comprise a pictorial history of medicine from the first records in Ancient Egypt to the latest developments in modern therapeutics. It promises to be the most interesting, enterprising and expensive advertising which has ever appeared in the medical press. The particular attention of our readers is directed to chapter 1 of this series which appears in this issue. It is worth while looking up.

In China.—We have had China galore on the war, missionary, pictorial side, but little about its women. The simple and truthful narration of Lily Howard, in the January New Lippincott, "Talks With Chinese Women," gives in a nutshell the pathos, vacancy, and often tragedy of the lowly woman's life in China.

Many Chinese customs are explained in this number, of which may be mentioned:

There is no Poor Law in China. There are no Sundays.

It is considered very unwomanly not to wear trousers, and very indelicate for a man not to have skirts to his coat; consequently our European dress is reckoned by Chinese as indecorous.

Chinese begin dinner with dessert, or Russian sakouska, and finish with hot soup instead of hot coffee.

China is the country where there is no trouble about medical practice laws as none exist. All that is necessary is to hang out a sign and begin business. China is also the country where fees are the lowest of anywhere in the world, being five to ten cents for a consultation.

Epilepsy.—The following is an extract from an article in an exchange, on epilepsy and Dr. Towns' treatment of it: Physicians all over the United States have used the treatment of Dr. Towns of Fond du Lac, in their practice and they corroborate his assertions that it will cure 95 per cent of all cases of epilepsy.

In Wisconsin especially Dr. Towns has performed cures that might well be called marvels. Some of the most eminent citizens of Wisconsin have been cured and testify to Dr. Towns' wonderful success, The writer has seen a reply to a letter addressed to one of the Judges of the Wisconsin Supreme Court, in which is related the case of a patient who had fits from the time he was two years of age until he reached 22, and who was effectually cured by Dr. Towns' treatment. This patient's suffering was simply terrible, having sometimes as many as 60 fits in a day. He says that there has been no return of his former affliction and expresses his gratitude to Dr. Towns for the relief he obtained whenever he has the opportunity to do so. This

patient is a well known citizen of Chippewa Falls, Wis., Mr. Frank Jenkins.

One of the strongest endorsements that can be given as to the value of this remedy is that it is used in the daily practice of such well known physicians as John D. Wyatt, M. D., of Minneapolis, Minn., W. S. Cole, M. D., of Columbus, Ohio, John H. Henry, M. D., of Montgomery, Ala., and many others.

Medical Defense.—Last month we explained at some lengths the contract issued by the Physicians' Guarantee Co., and we are glad to note that other journals are giving hearty endorsements to the plan. Below is what the Medical Fortnightly says:

As it has become almost epidemic to be sued for civil malpractice, and from a close observation of the kind and class of patients who bring these suits, through, as a rule, indigent and half starved lawyers, we are prepared, as a profession, to welcome to the ranks the Physicians Guarantee Company, of Fort Wayne, Indiana. This company has been legally organized under the laws of Indiana, it has ample capital and a cash reserve fund of $50,000, thus rendering every contract it issues as safe in the hands of the holder as a National banknote. This company is organized wholly for the purpose of going into the field and fighting suits brought against physicians and surgeons for civil malpractice. It has supplied itself with legal data along this line that has cost a great deal to accumulate; its corps of attorneys are experts in this particular field, and we strongly urge the profession to avail itself of the kind and class of protection this company is in shape to offer. An investigation of its affairs and methods of doing business leads us to assure our many readers that this company is in line with the best interests of the profession, and that its personale is above criticism. A doctor holding a contract written by this company can snap his fingers under the nose of his would-be assailant, and sleep as comfortably as though no threat was hanging over his head.

Treatment of Epithelioma.—Every practitioner meets cases of epithelioma where operative measures are refused by the patient and there it becomes necessary to use other methods. Recently much attention has been given to the non-operative treatment and some satisfactory measures have been brought forward. We give an abstract from the Medical Record of an article by Dr. H. W. Stelwagon, on the treatment of epithelioma by caustics. Dr. Stelwagon is convinced that for the more superficial skin cancers the treatment by the caustic method is equal and in many cases superior to operation. Irrespective of the natural objections of many patients to operative measures, he believes that the caustic method, properly followed out, lessens the chances of recurrence. There is no damage done with caustics if they are judiciously and boldly used; it is the temporizing treatment with mild caustics, or the hesitating treatment with active caustics, which may often do harm. The caustics which the writer has found most useful are: Arsenious acid, caustic potash, zinc chloride, and pyrogallol. The first three are most commonly used, the most valuable being arsenious acid. Pyrogallol and arsenious acid have practically an elective action, destroying the pathological tissues, and having, when properly employed and not too long applied, but little influence on healthy structures. The writer has never seen toxic absorption from the cautious use of arsenic The arsenious acid is made into a paste with mucilage acacia by mixing with a little

water or a solution of cocaine hydrochlorate which somewhat lessens the pain of application. The writer also describes the methods of application of each of the four caustics mentioned in the beginning.

The following is from an article in the Southwestern Progressive Medical Journal by Dr. H. T. Webster on the use of concentrated sunlight in epithelioma.

I believe there is no other caustic that will so effectually destroy morbid growths and at the same time leave behind a vitality which encourages such early repair of the breach. In epithelioma, the morbid granulations soon subside, and normal tissue appears in the bottom of the ulcer.

A common reading glass, obtainable at almost any jewelry store is all the apparatus required, the medicine being at hand any sunny day. A glass three inches in diameter will burn a hole in an ordinary blotting pad in less than thirty seconds, and will penetrate the tissues deeply in the same time.

In applying, it should be remembered that the sun should shine directly on the glass and not first through the window-pane for the window glass will intercept the rays and destroy their caustic power, unless considerable more concentration is employed.

With concentrated sunlight I have removed facial blemishes, such as moles warts and sebaceous tumors, with excellent results. I find though that it is liable to burn too deep if not carefully watched. In a stubborn case of acne pustulata, I tried the experiment of cauterizing a particularly stubborn pustule with sunlight, effectually destroying the pustule, but burning so deeply into the skin as to leave a scar after healing was accomplished.

It is not universally applicable to all the purposes of a caustic, but in malignant growths I believe there is a specific virtue in it which enables it to not only destroy the morbid growth but influence the base in such a manner as to convert a malignant granulation into a benign one.

If it could be disguised, it would be a great boon for cancer doctors, for it will discount all the "plasters" of this speculating fraternity by many hundred per cent. I would now make no hesitancy in promising to cure any skin epithelioma that had not progressed beyond cutaneous structure; and I would not care for more than two months of time to accomplish the cure, while in most cases less time would suffice.

Epitheliomatous growth is not very sensitive structure, and no anæsthetic is usually required before applying the focused sunlight to the part; but in other cases, and even in some epitheliomas, it may be best to apply cocaine locally or inject it hypodermatically, before proceeding with cauterization.

Very soon after the rays are focused on an epithelioma, the morbid structure will begin to smoke, and it will soon sizzle and fry, like a slice of bacon in a skillet. The frying process should be carried to every part of the morbid surface, the cooking process involving deeper parts of the morbid growths as well.

At first, the cauterization should be deep, but after the first slough has come off more care should be taken about penetrating too far at one time.

After burning, emollient poultices may be applied if thought best, to soften and hasten removal of the slough, though this is not important; or, a dry scab may be allowed to form and separate spontaneously instead.

When the eschar shows signs of loosening, it may be carefully separated and the sunlight applied a second time, and so on until the morbid growth is gone. The last scab, upon being allowed to fall off, will expose a kindly healed, healthy surface beneath.

BRIEF MENTION.

Camphor monobromate will often relieve acute coryza.

❧ ❧ ❧

There is one doctor to every three hundred inhabitants in California.

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Milkine is all that it is represented to be. Send for a supply of free samples.

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Write for the announcement of the Alma Sanitarium, as it contains information of interest.

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An eminent critic in speaking of maltzyme with cod liver oil calls it "An ideal digestive food."

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No aid to digestion excels Dr. Becker's compound. Send for free samples and you can prove it.

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Hydrozone is needed wherever there is pus. It is the pure peroxide preparation, which is non-irritating.

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Bovinine has a wide range of usefulness, as is demonstrated by the good results which medical writers report.

❧ ❧ ❧

Campho-phenique is put up in both liquid and powder form, It is well to have a good supply of both on hand.

❧ ❧ ❧

The best air compressor made is the Victor electric. It can be used on either a direct or alternating current.

❧ ❧ ❧

Strophanthus will sometimes help cases of exophthalmic goiter. A fresh and reliable preparation should be used.

❧ ❧ ❧

If you want good, honest, reliable fluid extracts and tinctures use H. M. Merrell's, which are made for physicians.

❧ ❧ ❧

Every physician has use for such an efficient and palatable tonic as Hagee's cordial cod liver oil compound with hypophosphites.

❧ ❧ ❧

If you think of buying a nebulizer write the Globe Mfg. Co., Battle Creek, Mich., for prices and descriptions of their various outfits.

❧ ❧ ❧

Speaking of ethical methods and preparations, we are reminded that pepto-mangan Gude is handled in a strictly ethical manner.

❧ ❧ ❧

Dr. J. R. Flowers, Columbus, Ohio, says: "I am well pleased with pil orientalis; many of my patients report satisfactory results."

❧ ❧ ❧

Always keep a fresh supply of iodide of lime ready for use in membraneous croup. Billings, Clapp & Co., will supply you with their pure preparation.

❧ ❧ ❧

Bone flour consisting of powdered bone mixed with flour or meal, has recently been recommended for supplying phosphates to cases requiring a large amount.

❧ ❧ ❧

You always need reliable instruments in your work; if you use Sharp & Smith's you are sure of the best. Cheap instruments are usually dear at any price.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

ELECTRO-THERAPEUTICS.

AN OPINION.

I have just been reading Dr. W. H. Willcomb's article in the last Recorder upon electrical appliances for curing disease. I fully endorse it in part but wish to ask why he goes so far to get so little. Why not go directly for the cause of a lack in electrical or magnetic attraction. The Creator has endowed us all with free circulation upon which we depend for the dynamo attraction of a goodly supply of the vital atmospheric elements for magnetic power and electrical warmth. When the system becomes so clogged with its own wastes to say nothing of the tainted scrofulous condition inherited and poisonous gases in which we constantly live, why not adopt means, for direct dissolving and disinfecting for immediate expulsion as we must and can do by complicated machinery before readjustment is possible Coercion by drugging the stomach, or mythical treatment which fails in opening up the sewerage system, for secretion and excretion is not in accord with nature's wise plan.

DR. S. F. CONANT,
Skowhegan, Me.,

THE REPLY.

Admitting the full force of the statements made by Dr. Conant I can not fully agree as to methods to be followed. I am sceptical as to the power of any one system or means of treatment to achieve so wide results as the Doctor seems to suggest.

Conditions are constantly varying and a method that would be successful in one instance would in another be useless or even detrimental. I defend the science of electricity as being one of the great aids to nature, not merely a magnetic action but having a direct invigorating effect upon all the vital functions—encouraging both secretion and excretion; and at the same time removing or aiding in the removal of cause for unhealthy conditions.

The Doctor asks, "why not adopt means for direct dissolving and disinfecting, for immediate expulsion as we must and can do by complicated machinery" etc. I do not believe under such conditions as he names it is possible to accomplish so thorough work at once. First we must stop the existence of unnatural action or the formation of unhealthy secretions, then we must aid nature in her work of clearing and purifying. More is required than mere elimination. We must not forget that diseased conditions leave weakness and a lack of vital force even after the disease is passed. After securing a clear "sewerage system" we need to support and strengthen the weak places until the work of reconstruction is complete in every detail. Just how to accomplish these ends must be decided in each individual case. To-day there are no "cure alls," no "panaceas," but in every abnormal condition we must meet the needs of the individual case, supplying whatever is required and supporting the weak place coaxing and encouraging nature in her work. The days of haphazzard treatment are passed and the demand of the present is not "relieve" but "cure." To meet the demand we must study carefully nature's work and plan; and in our efforts conform to her.

I agree cordially with Dr. Conant when he says, "Coercion by drugging

or mythical treatment * * * is not in accord with nature's plan," but neither does nature often act hastily, whether in plant or animal life, or elsewhere, the unvarying motto is "step by step."

We all need to avoid all "cure alls," all our own "ideas," or "hobbies," and in our labors to relieve disease let us seek to study and to avoid every tendancy towards set methods, letting every treatment be scientifically reasoned ont and applied.

W. H. WILLCOMB, D. E. T.
Brockton, Mass.

THE BEST REMEDIES

As progressive physicians of the early days of the Twentieth century, we want the best agents to cure disease that can be procured. Each doctor has an experience different from any other and the following is the result of my experience.

I find caroid the digestant par excellence in dyspepsia and in all cases where the stomach is inadequate to perform digestion properly. Peptenzyme is a close second.

The W. A. intestinal antiseptic is a little giant to subdue fermentation second to nothing that I have used for the purpose.

For a febrifuge the dosimetric trinity with the addition of asclepidin in good sized doses has astonished me by its quick and effectual work, cathartics also being used and frequent bathing at the same time.

Antiphlogistine and antithermoline have been used with very favorable results. In one case of threatened pneumonia with a temperature above 105 one of these was used apparently with marked benefit. I cannot tell which of the above is preferable—both are very good.

Glyco-thymoline is very good in nasal catarrh used with the Birmingham nasal douche.

Vitogen was the best application that was used on a crushed heel caught in a corn sheller, soothing and healing better than anything I could prescribe for it.

Nosophen gave excellent results in a suppurating finger and stands near the head of the list as an antiseptic healing powder in surgery.

Ammonol is a stimulating and safe anodyne in my experience. Thermol has also worked well with no unfavorable after effects.

Acneine worked very well in one case and is a promising remedy.

Auti-toxide worked well as far as I could judge from the sample that I used as an intestinal antiseptic.

Cystogen appeared to fulfill its mission in one case of cystitis.

Camphoral was apparently all right.

Glyco-heroin in one case checked a cough quicker than anything that I ever prescribed.

Protonuclein is a very efficient remedy, good in every respect. Parke Davis & Co.'s, nuclein is also excellent.

Aulde's nuclein is fine, the only trouble was I couldn't get it always when it was wanted. I think I have used fifty bottles of it and like the barren womb I want more of it.

Sanguiferrin is a blood maker of no small proportions.

Unguentine is a crack agent to use; it's like oil on the troubled waters; use it and let your patient sleep nights and yourself likewise.

Hydrozone is in season 365 days in the year; will sweeten the breath, clean the tongue, disinfect the throat, will clear up that soap factory in the the stomach, and will make a dyspeptic feel like an American citizen.

For artificial foods bovinine will put more fight into a patient than anything that I know of. Some patients spleen against it when they know what it's made of. (Moral don't tell patients it's composition.)

Echinacea is what some call a "cracker-jack" of a remedy. I wouldn't be without it. Use it when indicated in all septic conditions. The undertaker won't like it but the people will. and a word to the wise is sufficient.

I pity the physician who keeps firing away with his old remedies and deeply sympathize with his patients who are used as a target for all the shelf worn drugs in the drug store.

The physician of today has a strong competition to meet and his reputation is constantly being weighed in the balance of public opinion, and if he doesn't look out he will be found wanting and be at the rear guard instead of the van guard of the medical profession. The public have a right to have the latest, most effective, the most palatable, and the quickest acting remedies to be procured. Eternal vigilance is the price of liberty, it is the price of success in medical practice also.

M. C. MARTIN, M. D.

Stromsburg, Neb.

ADVANTAGES OF THE SPRAY IN PSEUDO-MEMBRANES OF THE PHARYNX.

On the exposed surface of the pseudo-membrane in diphtheria, the diphtheria bacilli mass in abundance, reproducing themselves and generating toxins; while, penetrating the membrane to its middle layers, the mixed or single form of pyogenic cocci are found, or may even enter the organized tissues themselves. Drawn up to oppose the entrance of these foreign forces the organism has thrown out, from its side of the membrane, an army of phagocytes, with their "forlorn hope" of alexins, who engage the foe in "mortal combat" until the battle is lost or won. Experience has proven, however, that these forces of nature are inadequate to protect the organism from invasion and are only partially able to subdue the enemy after he has gained a foothold, especially while he is thus drawing from a rich base of supplies and recruits. They (the phagocytes), on the other hand, have advanced further and further from their base of supplies and at length have penetrated the enemy's lines so far that his toxic influence is too great for them and they succumb.

It is, therefore, with the spray, better than any other means, that we may attack the enemy in the rear, destroy his supplies and prevent the recruits from joining the line of battle. Irrigation fails to give the penetrating power necessary to get to the middle layer of the pseudo-membrane. It and gargles are good for cleansing, but I fail to see the reason for the oblivion to which modern teaching has consigned the spray. I admit that harm may be done with it, and that the child fights against it; but the same objections hold good against irrigation, and the young cannot gargle. I avoid spraying the uvula unless covered with a pseudo-membrane, and in fact avoid any healthy membrane with the direct force of the spray, for I aim to get force enough to see the tissues splay out with the spray.

Personally I have two favorite solutions which I rely upon to be used as sprays in accordance with the individual case. The first is hydrozone, and I direct that the nurse put two teaspoonfuls with three to eight teaspoonfuls of water and use at first every half hour or hour. I use this especially in all denser membranes, that the hydrozone may break up and disinfect the middle layers of the pseudo-membrane. It makes a way for other antiseptics which may be subsequently used.

The second spray is a solution of formaldehyde, directed to be used as follows:

℞ Sol. formaldehyde, ¼ of 1 per cent. 30-60. ℥ j–℥ ij
Kal. chlor., 8. ʒ ij
Acid. boric, 4. ʒ j
Glycerine, 15. ℥ss
Aq., ad 120. ℥ iv

M. Sig. Use in spray after hydrozone.

This I make the standby and vary the strength according to the conditions, and continue with it when the pseudo-membrane has become so thin that I do not care to continue with the hydrozone. Remembering the middle layers of the pseudo-membrane and the depths of the crypts, I shoot hard and quick and resort to the spray early, and very often do not have to use the antitoxin.

D. C. Brown, M. D.
Danbury, Conn.

FORMALDEHYDE.

A VALUABLE INHALANT.

In answer to some inquiries respecting solidified formaldehyde I am informed that you have experimented considerable with it and that you would doubtless give me the benefits of your trials. From a theoretical point it seems to me worthy of trial. I hope you can give me pointers on the practical. I have a Truax Greene Nebulizer. Let me ask.

I. If kept in the bottle does it deteriorate?

II. Can it be used in this manner successfully for pulmonary affections, especially of a tubercular origin?

III. Have you discovered any toxic effects.

IV. What strength can be used with safety?

V. Do you consider this better than creosote or kindred germicides for inhalation?

Any additional information you can give me will be thankfully received.

S. Dak. A. S., M. D.

I. In our experience Leininger's solidified formaldehyde does not deteriorate to any appreciable extent. We keep a solution of it in one of the bottles of our nebulizer constantly.

II. Yes. It is a valuable method of treating pulmonary, especially tubercular, diseases.

III. We have never had any toxic or other undesirable effects from it.

IV. We use it to several strengths. One formula which we use in the nebulizer is:

℞ Formaldehyde solidified gr. ij
Glycerine ʒ v
Aq. dist. ℥ vj

In cases where the air passages are unusually sensitive or irritable we use the same formula with the addition of ten minims of aromatic spirits of ammonia.

FORMALDEHYDE SOLUTION.

Please inform me how to make a solution of Leininger's solidified formaldehyde equal in strength to formalin.

B., M. D.
New Orleans, La.

The manufacturers of solidified formaldehyde, inform us that ten grains dissolved in an ounce of water will make a solution the same as formalin. We have made such a solution for our own use for some time and find it a useful preparation for numerous anti-eptic and disinfectant purposes.

It is stated that at least fifty drug stores in New York City sell "knock-out drops" containing chloral hydrate, to anyone without a physician's prescription. All that is necessary is to pay a good price and no questions are asked.

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LEADING ORIGINAL ARTICLES.

FEMORAL HERNIA.

WITH REPORT OF A CASE

By D. C. Hawley, A. B., M. D., 204 Pearl Street, Burlington, Vt.

Attending Surgeon Mary Fletcher Hospital; Attending Surgeon Fanny Allen Hospital.

Femoral hernia occurs oftener in females than in males, and in the ratio of about three to one. In my experience, inguinal hernia is met with in females oftener than is femoral, and in the ratio of about two to one.

Femoral hernia before puberty is rare. I have seen one such case. Irreducible and strangulated femoral herniae is of frequent occurrence. In diagnosis femoral hernia must be differentiated from inguinal hernia, adenitis, malignant disease of femoral glands, psoas abscess, saphenous varix and lipoma. A case of lipoma was recently sent me for operation, on the supposition that it was a case of irreducible femoral hernia.

The treatment of femoral hernia is either mechanical or surgical. Mechanical treatment consists in the application of a properly fitting truss, and is at best palliative, as a cure is seldom effected. In strangulated femoral hernia, taxis, always under chloroform, should be applied with great care and gentleness, and for a brief period only. In fact, this rule should apply to all cases of irreducible and strangulated hernia.

Contra-indications being absent, a radical cure operation is, in my opinion, indicated in all cases of femoral hernia, whether reducible or irreducible. In the former category, since the advent of aseptic surgery, there is practically no mortality. In the latter, including cases of strangulation, a timely herniotomy promises nearly as good results, excepting in cases of aged or debilitated patients. In strangulated, femoral hernia delay or long continued taxis is dangerous and inexcusable.

The Bassini operation for the radical cure of femoral hernia is the simplest and has given me perfect results. The purse-string operation accomplishes similar results, but seems more complicated. I will report one case, as illustrating the details of the operation and the results.

On October 29, 1898, I was called to see Mrs. E. O., aged 42 years, in consultation. Patient is thin in flesh and never very strong; has right inguinal hernia. This morning a bunch about two inches in diameter appeared in left groin, accompanied by pain;

patient has vomited several times during afternoon. Diagnosis, femoral hernia. The tumor could not be reduced. On October 21, at the Mary Fletcher Hospital, I did a Bassini's radical cure operation. An elliptical incision, about three inches in length, was made, beginning at the pubic bone, extending downwards and encircling the lower boundary of the saphenous opening, and ending about two inches below Poupart's ligament. The sac was thin and non-adherent. This was opened and the tumor was found to consist of gut and a small knuckle of omentum, both deeply congested. Gimbernat's ligament was divided by a slight cut upwards and inwards. The knuckle of omentum was ligated and cut off and the gut returned to the abdominal cavity. The sac was dissected free and subjected to high ligation. Six chromicised catgut sutures were then introduced, the upper ones passing through the fascia pectinea and Poupart's ligament and the others through the fascia pectinea and the falciform process of the fascia lata These sutures were then tied, closing the canal. The skin wound was closed with silk sutures and without drainage. The wound healed without suppuration and no recurrence of the hernia has taken place up to the time of writing, twenty-five months after the operation.

In May, 1900, a femoral hernia made its appearance on the other side, the right, which, however, was reducible. The tumor came down every day whenever the patient was much on her feet, and by the advice of her physician she decided to submit to a radical cure operation to avoid complications. Therefore on May 15, 1900, I operated on her at the Mary Fletcher Hospital, for the cure of the right femoral hernia. The operation was carried out in essentially the same manner as above described. There was, however, no tumor to serve as a guide in opening the canal and no sac. The canal was closed, as upon the left side, and with a similar result—no recurrence up to the present.

The inguinal hernia was not operated upon at the time of the first operation, as a weak condition of the patient contra-indicated it, and at the time of the second operation it had ceased to be troublesome, as a result of the constant wearing of a truss.

This case is interesting, as illustrating the tendency to hernia, which exists in some patients. I will add in this connection that I operated on a daughter of this patient, 12 years of age, in June last, for the cure of an umbilical hernia, which had been present from her infancy.

A PECULIAR CASE.

By F. H. Benedict M. D., Weedsport, N. Y.

I was called upon October 20 to treat Fred G., 22years of age, for what at first seemed to be a case not difficult of diagnosis, but which before its termination, proved to be very perplexing in all its bearings. He was tall, well proportioned and appeared to be the embodiment of health. For a number of years he had suffered from attacks of what appeared to be acute catarrhal dyspepsia, brought on usually by the excessive indulgence in sweet meats and rich improper food. These attacks occurred several times a year and were characterized by severe headache, vomiting and all the usual symptoms of acute dyspepsia. The occurrence of the last attack seemed not to differ materially from the preceding ones only that it was more severe.

At the time I first saw him he had been unable to retain anything in his stomach for three days and complained of severe pain in the epigastrium continually, skin strongly jaundiced,

but not the conjunctiva, pulse about 80, temperature normal, tongue slightly coated with a whitish exudate. By the administration of remedies the vomiting ceased in a measure on the second day and he retained some nourishment. Though the bowels were apparently thoroughly evacuated and the vomiting arrested the pain in the epigastrium was not relieved and hypodermics of morphia had to be resorted to frequently. There was an area of dullness over the gall bladder and one in the right iliac region. The former was diagnosed by myself and consulting physicians as retained secretion of bile and the latter as accumulation of feces in ascending colon. Mercurials followed by salines produced copious evacuations of the contents of the bowels evidently containing bile. For one day after this much relief was obtained and we looked forward to a speedy recovery.

Unfortunately we were deceived and the following day all the previous symptoms reappeared in an exaggerated degree accompanied by active delirium at night, pulse about 100 and temperature still normal. The pain in the epigastrium was of a more persistent nature and the patient was never quite easy unless under the influence of an anodyne. After the action of the mercurials the dullness over the gall bladder was much dimished but not that in the right iliac region. After the first week the jaundiced appearance was much improved, stools were natural and contained bile and the bile disappeared in great measure from the urine. During all the time the patient retained his strength wonderfully, would rise readily to go to stool and was strong and active in all his movements. What puzzled us all the most was that with symptoms so severe there was not at any time the least rise in temperature, not even when the delirium was most active.

About the tenth day of the attack symptoms of paralysis were manifest beginning first in the lower extremities and gradually ascending. The deep reflexes were entirely wanting. There were areas of acute sensitiveness manifest at the roots of the spinal nerves in the lumbar, dorsal and cervical regions. The superficial reflexes manifested by the æsthesiometer were only slightly impaired as during his rational moments he was able to judge of contact quite accurately. It was interesting to note the gradual ascent of the paralysis. First the immobility of the toes, then the ankles, legs, body, arms, respiratory apparatus, all of which became affected within a few days after the appearance of the first symptoms.

After a few days of apparent arrest of the disease, violent spasmodic action of the muscles of the neck occurred suddenly, lasting about half an hour, followed by more pronounced difficulty of speech, more labored respiration, lastly impairment of deglutition, and on the twenty-seventh day after the commencement of the disease, death. What seems peculiar about the case to me and all the consulting physicians—of whom there were three eminent in the profession—was the severe disease manifestations arising from what at first appeared would result from our diagnosis. We all recognized the presence of toxemia attributed mainly to arrest of the biliary secretion and absorption of morbific elements in the alimentary canal, but that it should result in so serious a lesion of the spinal cord we had no right to expect. The question naturally suggests itself was the toxemia existing sufficient to cause all the symptoms of disease I have mentioned including paralysis, or was there lesion of the spinal cord existing from the first giving rise to the serious manifestation of disease I have mentioned? If so, the symptoms which were apparent at the first did not indicate it.

TYPHOID FEVER.

FATAL COMPLICATION.

By Edwin D. Meeker, M. D., Galena, Kansas.

Typhoid fever has been the subject of so many essayists, and so great has been the number of treatments exploited, that one hesitates somewhat to even make mention of the subject. I desire to say, however, that after having had the good fortune to observe the disease, as an army surgeon at Chickamauga, I am convinced that many cases of typhoid fever are mistreated under the name of low or continued fevers.

In my opinion, Doctors Abbott and Waugh of the Alkaloidal Clinic, deserve immortal praise for persistently teaching intestinal antiseptics, and thus causing light to penetrate the intellect of many a groping physician throughout this broad land. It is possible to suppose that the idea of intestinal antiseptics did not originate with these two gentlemen, but they have undoubtedly rendered a great service to humanity by perfecting the use of the sulpho-carbolates and spreading their knowledge broadcast. Through their teaching I confess to having learned that much better results could be obtained by an intelligent use of intestinal antiseptics, than from any other form of treatment.

Many a poor fellow has in the past, and is today wrestling with the so-called low or continued fever, and in addition to the disease, is compelled by his physicians to suffer the discomforts attending the ingestion of quinine and similar agents. On more than one occasion I have been able to check the disease and bring about favorable conditions and relief by the administration of twenty to thirty grains of zinc and sodium sulpho-carbolates daily with plenty of water.

The case which I am reporting was a lady who always reposed every confidence in me as her professional adviser. When I found her at the beginning of her last illness with a temperature of 105° and gave a diagnosis of typhoid fever, she felt no alarm, as I confidently assured her of favorable results. The intestinal tract was cleared by means of salines, warm water enemas and calomel. The sulpho-carbolates combined with copper arsenite were given, and at the end of the first week the temperature began to decline. The patient was cheerful and there was no cause to feel uneasy. Strychnine arsenate granules $\frac{1}{30}$ grain were now added to the treatment, four times daily.

At the end of the second week a moderately severe hemorrhage occurred, but ceased upon the administration of ergotine. Occasional doses of salts and enemas were employed, until the end of the third week, when the temperature was normal and my patient was clamoring for food.

During the fourth week she was permitted to sit up and a more nourishing diet ordered. Convalescence was apparent in every way, but one day a change for the worse occurred. The temperature went up to 104.4° and the stomach was very irritable, rejecting almost everything. The lady complained of feeling very bad. Her breath had a disagreeable sweetish odor. The temperature remained at a high point except when under the use of acetanilid compound it was temporarily reduced, and there was excessive sweating. The condition was a little puzzling at first, and I gave colonic flushing and made use of any thing the stomach would bear. The urine was scanty, high-colored, and an examination by heat and nitric acid revealed a faint cloud of albumin. She complained of a burning sensation in the epigastrium, and stated that she felt so bad.

Consultation was asked, and Dr. Payne could give no encouragement.

On the sixth day after the relapse there was more evidence of uraemic coma, and the urine was heavily loaded with albumin. At noon there were no signs of dissolution, and yet at 3 o'clock she passed away without a struggle.

The acute nephritis which caused her death came on unexpectedly and ran such a rapid course that I felt almost helpless and all treatment proved unavailing.

THE DISPENSARY QUESTION.

By C. Fletcher Souder, M. D., 1418 Diamond St., Philadelphia, Pa.

Before alms or groceries are given to even the worthy poor by the various benevolent associations or societies, efforts are first made to find out whether said applicants are worthy or in need of aid. That plan should also be followed out in administering medical eharity as well.

Real charity consists in aiding those who are unable to properly care for themselves, and when persons who are able to pay for medical services are encouraged and permitted to receive free treatment at the dispensaries, it is a great injustice to all concerned, and its effects are far reaching. The majority of hospital dispensaries as now conducted, are gigantic pauperizing institutions.

The medical profession is ever ready to censure the physicians who, probably through necessity, are forced to open private dispensaries, which at the most only treat a few hundred patients a year, while most hospital dispensaries pauperize the masses by the thousands.

My object is not to enconrage or to defend the running of private dispensaries, as it is my opinion that all such are detrimental to the best interests of the medical profession, but to bring out discussion as to whether they are more injurious in their effects or more to be condemned, than the more favored hospital dispensaries as they are now run. The former, offer medical services at bargain counter prices; the latter, make complete paupers.

The hospital authorities claim that if they prevent the well-to-do from receiving free treatment, they will go to the other dispensaries. Cannot similar arguments be advanced in favor of private dispensaries? Are not the hospital authorities and other physicians in duty bound not to lessen the opportunities of their fellow practitioners earning a livelihood to a greater extent than can possibly be avoided? If such be not the case, what is the use of attempting to give out the impression that there exists a fraternal feeling which guides the actions of the body, medical? Especially so, when many of the most prominent and influential members encourage a system which has already done more to drive their fellow practitioners to the wall and to ruin the practice of medicine than all the other agencies combined, and who will and do oppose every effort to bring about a better state of affairs as long as the institutions they are interested in, are concerned.

The free dispensaries have ruined many intelligent and deserving physicians, and have reduced the practice of other physicians to such an extent that a much less per centage of them are now able to make a comfortable living in the cities where the abuse is permitted, than would otherwise be the case if those institutions were under proper control.

Now the city physicians are the principal ones to suffer, but the country practitioners will soon also, as their patients now come to the city dispensaries for free treatment, and more city physicians will be compelled to locate in the country, until those districts, will at an early date, be as overcrowded as most cities are at the present time.

In New York City in 1897 the number of persons who applied for free treatment at the hospital dispensaries exceeded 120,000, and at that time probably one-half of its population depended on free dispensation for medical attention. When the true state of affairs became known, a law was finally passed and signed by Governor Roosevelt, April 18, 1899.

That law places all dispensaries, both private or otherwise, under the control of the State Board of Charities, which makes the rules governing these institutions and sees that they are enforced. These rules are such that unless they be willfully violated, must eliminate the abuse for all practical purposes.

Now, before any new dispensaries can be opened in New York State, satisfactory evidence must be furnished the said board that a dispensary is actually needed in its location for which a license is asked.

How many free dispensaries today in other states are in operation for the main purpose of affording relief to the worthy poor, only?

What is needed, is a similar law in every state, then the dispensaries will decrease in number to the actual need of the community and for clinical purposes. Until such a law be passed, said institutions will continue to increase in size, number and prestige, demoralizing and pauperizing influence, and the prestige of practicing physicians will consequently decrease.

ELECTRICITY IN DISEASES OF THE EYE AND EAR.

By Dr. W. H. Willcomb, Brockton, Massachusetts.

We have here a field of local medicine and surgery where electricity has been but little used. Indeed, it has been considered even dangerous in its application. I am not a specialist on the eye and ear and only meeting the more common disorders of these organs, I do not feel competent to enter very deeply into the subject, my purpose being now more to suggest the possibilities of electricity than to enter a technical description of its use.

COMMON AILMENTS OF THE EYE.

The most common symptom met is inflammation, with pain and supersensitiveness, such as follows the advent of a foreign body. Here electricity has been of great value., being almost instantaneous in its relief of pain. My method of employment is as follows: For the neutral or inactive electrode, I use two pads of felt 2½″ x3″, with a fine metal gauze backing; these two pads are joined by a wire and a binding post attached to wire. The pads are moistened with saturated solution of sodium chloride, and connected with the negative pole of galvanic battery. Then place pad on each cheek, extending from just below the eye to the chin. For an active electrode, use a cup-shaped metal instrument, covered with absorbent cotton, moistened in pure luke warm water. Place active electrode over eye to be treated and connect with positive pole and use direct uninterrupted galvanic current. Place electrodes in position with current cut out, turn on galvanic current very slowly, increasing in strength gradually from 0 until a sense of discomfort is felt by patient or flashes of light appear before the eyes. When this condition is reached, reduce current slightly and continue treatment for five to ten minutes; then reduce gradually to 0. In 90 per cent. of the cases this will relieve pain and reduce inflammation.

In more severe conditions a solution of cocaine may be profitably employed on the positive electrode. I use for this purpose a mixture composed of equal parts, 1 per cent. solution co-

caine and 1 per cent. solution morphine sulphate, with one-half bulk of distilled water added.

In cases where there is a heaviness and dull pain located in the eyes and there is reason to believe there is an exhausted condition of the optic nerve or a muscular weakness, I use electrodes as above, but reverse poles and continue current only one to two minutes after reaching full strength required.

In treating any growth in eye or adjacent surfaces, the use of electricity is again often superior to the knife. Where there is no great sensitiveeess the negative current may be employed with steel broaches, but in general I prefer the positive, and platinum or gold plated needles. If case requires an antiseptic and germicide, use copper needles and positive current. In every case of electrical treatment of the eye, great care should be taken to avoid current passing through the brain itself, and all shock should be carefully eliminated. Wherever local medication of the eye is indicated, I have found the use of the galvanic current very successful, but it is necessary to study carefully the electro-chemical effects of the agents employed. Failures to obtain expected results are almost always due to error in selection of pole to be used. In a later article I shall have something to say in regard to the electro-chemical nature of some of our more common drugs.

I have quite a considerable practice in treatment of ophthalmia, ophthalmodynia, ophthalmitis, etc., and in every case since I began to use galvanism I have had unusual success and feel that my personal experience warrants me in saying that electricity is one of the best friends of the oculist and a reliable aid in nearly all the more common or organic diseases.

In ophthalmoplegia I use a double treatment, first the galvanic current with negative electrode for action, following this by the faradic current, using the medium coil and two small electrodes, applying both electrodes directly to the eye. On one or two instances I have employed successfully an electric douche, as follows: Attach one conducting cord to a sponge electrode, the other being attached to fountain or other syringe or placed in water so as to make good contact, placing sponge electrode below the eye, spray gently with the water, having first started coil. The current should be very light and if it can be born increased very slowly. Properly administered, I have found this treatment a marvel and of greatest value. In very severe cases I employ the third day in place of faradic current, an interrupted galvanic, negative pole, with slow interruptions, about 80 to 160 per minute, increasing rapidity gradually from sixty per minute, using as strong current as can be comfortably borne by the patient. It is impossible to lay down any exact method to apply to all cases, as location and nature of trouble vary so widely as does also the sensitiveness of the patient.

ELECTRICITY IN DISEASES OF THE EAR.

The auricular diseases calling for electricity are about the same conditions as those of the eye, and methods of treatment similar. Indeed, nearly all that has been said of the eye, will apply equally to the ear and the same methods are indicated.

One of the most common conditions I have met is in chronic suppuration and other septic conditions. In these cases I have had much success in electrical treatment. The usual method of procedure is as follows: The cavity of the ear is first filled with luke warm water, using the pure copper electrode as the positive which I insert in the ear. My negative electrode is a felt pad placed on the throat carefully, avoiding the spine and base of skull. I use as strong current as

can be borne and continue as long as possible. Reduce current gradually and without removing electrode. Reverse pads and raise current gradually to about same as used in first instance and continue one and three minutes then reduce to 0 and withdraw electrode. This treatment repeated every second day has proven of great value in several obstinate cases.

In ordinary ear ache I use same method, but with negative pole for action and do not reverse poles. In some cases where there is a lack of sensitiveness the faradic current is beneficial, but should be used cautiously to avoid overdose. In deep seated diseases of the inner ear it is often possible to reach them by same methods as outlined, but with the neutral or inactive electrode placed within the mouth, using a milder current for a longer period of time. In every case I use the active electrode in the outer cavity, which is first filled with water.

Where severe pain is present the solution given under the treatment of the eye is available, but can be used in more concentrated form by omitting the water. I have found that whether seat of trouble is in outer or inner ear it can be equally well reached by supplying medicants in the outer cavity as outlined, the only difference being in the fact that for diseases in the inner ear the active electrode should be so placed as to concentrate the current effects. I have found in practice a plain olive point on an insulated handle the most useful form to employ.

In an article like this it is almost impossible to suggest even the more common cases where electricity is available. Here are conditions where the operator must select his own style of electrode and method of treatment. I can speak only of general effects and of principles involved, but I am ready at all times to give advice orto reply to letters received. All matters of general interest are freely discussed and I am at all times glad to furnish any help in my power.

It will be noticed that I do not state quantity and strength of current. I follow no rule in these particulars. In every case no matter what form of current I employ, I begin with gradually increasing to maximum that can be borne without discomfort to the individual, then reducing gradually to 0 before removing the electrodes. I employ both milli volt and milliampere meters, but only use them in making up case summaries on a testing.

I believe the secret of success in electro-therapeutics lies in the following of this method and carefully avoiding of all shock to the patient, thus gaining the confidence of the individual. It is well to bear in mind the fact that the relation of current strength and time is variable. A currect of 150 ma per ten minutes equals 300 ma for five minutes or 75 ma for twenty minutes. Many cases can better endure the stronger current for a short time than the lesser for a longer period.

Since beginning the article for this month, I have had a case of unhealthy granulations of the inner surface of the eyelid, which resisting medication was successfully treated by electrolysis; using a small sponge for the inactive electrode and a small copper for the active, in this case the positive, patient being under an anesthetic. The sponge was placed so as to throw eyelid back upon it. A very strong current, .7 amp., was used and each granule touched with the active point, current being kept steady. Following this a film of plain gauze moistened, in saturated solution sodium chloride was placed over diseased surface and a tiny piece of copper foil used as positive electrode. A mild current, 180 ma was employed for fifteen minutes. Entire operation lasted a half an hour and was a complete success.

THE PSYCHIC RELATION OF THE PHYSICIAN TO HIS REMEDIES.

By J. R. Phelps, M. D., Roxbury, Mass.

A business man sits in his office in the city and thinks over an important matter in which he has an interest in another, distant part of the city. He needs a messenger, possibly a confidential one, to go on his errand, do his business, and bring him an answer.

It is necessary that this messenger should know where his employer wishes him to go, the quickest way to his destination, some understanding of the party he has to deal with when he finds him and a knowledge of the language the man speaks. This is what the employer asks of his messenger, as pertaining to him, as a fit person to carry out the employer's intention.

Very well, but this is not all. The employer needs the ability to make his will known to his messenger, and the messenger needs the faculty of understanding his master's will, and of doing it in his master's way, and not in his own, however excellent that may be.

So far there is no question, nor discussion. But we are coming to a point where one may be raised, and one that cannot be met by material, physical proofs, save as results may take the form of uncontrovertible facts.

Everything that is, that has any existence, has life, and all life is one. Not indeed in form or manifestation, but in origin and source. Call this source what you will, every form of life resolves itself into this one Great Cause, which most of us who believe in a conscious over-soul, call God.

If everything in the universe is an integral part of that universe, it has a certain relation to every other part, and may be influenced by, acted upon by every other part. True there is a more intimate relation between some parts than between others, but the principle is the same.

Everything that exists has its seen and unseen side. That side, or plane of its life which is visible to the material vision is all we are cognizant of as a general thing. But the real thing—that which makes a thing a thing, which gives it its meaning; allows or enables us to define it, is beyond the material vision.

What is it that causes this strange condition in this plane of manifestation that we term affinity? Why is it that some substances hasten to unite, while others violently repel each other? Is it not that certain forces are operating in the unseen realm of which on this material plane we see only the effects?

Swedenborg asserts that there is a relation between the visible and invisible things, or the things of the material world and the spiritual world, that he calls the law of correspondence. And this law may explain much that is otherwise a hidden mystery in matters of every day experience, for we take it, that it is too late in the age of the world to set Swedenborg's natural philosophy down as the ravings of a lunatic, whatever one may say or think of his theological tenets. And if anyone has a doubt of the depths of the knowledge of this wonderful man, let him read his work on The Brain. How many of our medical friends know that he ever wrote such a book?

But we shall make this paper too long if we stop to fortify our position by argument and quotation in advance. What we write is in the form of suggestions, so far as our readers are concerned, holding the right individually to consider them proven facts.

Just one more allusion to Swedenborg. He says that the universe is in

the form of a "grand man" and every living soul, incarnate or excarnate, belongs to some organ, and represents some function of the human body. This, in part is no new idea. Look at the representation of the human body in your almanac; see how each zodiacal sign corresponds to a certain part of the body, and ask when and by whom this representation was invented. It is older than history. Anyone who has the time and inclination can chase this system back into the Old Testament mysticism until he loses the trail in the long forgotten past. After one has done this, he can decide whether Paracelsus and Nicholas Culpepper were fools, and not until then.

Now, if there is anything in the suggestion that plant life is the same as human life, differing only in manifestation; and if this most ancient teaching that every living thing corresponds to some organ, and represents some function of the human organism be true, have we far to go to get an inkling of why certain plants, or their active principles have an affinity for, a direction towards the bodily organs to which they correspond? You may say that this reasoning is far fetched. So are nutmegs, but they are facts all the same.

And now we will come to the idea that our heading suggests, the psychic relation of the physician to his remedy.

We assume that the remedy we employ, (call it drug if you will, but we detest this term,) has a life principle more or less evolved and made accessible and tangible according to the treatment it receives at the hands of the chemist, and the sphere of the man who manipulates it. (And this latter suggestion may have more meaning than appears at first glance.) Now this life principle can be acted upon, influenced by the thought and determination of the physician so that it becomes his faithful servant and messenger. It is not enough, in our opinion, that a remedy has a certain affinity for the liver, the heart, the kidneys, the lungs. That it has this affinity is a help to the physician. But you do not send your messenger to do your business in his own way, whatever the confidence you may have in his natural ability. You make him the vehicle of your thought and intention and then send him.

Well then, if our suggestions are sound, may I not make Lloyd's specific or Abbott's granule my trusted messenger? If there is anything in the remedy; if greed or ignorance, or carelessness have not ground all the life out of the remedy, cannot I stamp it with the impress of my thought, fill it with my earnest desire and intention, and send it in the name of God on its errand of mercy? Let any honest physician ask himself this question and follow the answer he gets.

But one needs faith; faith in God; faith in his calling as a physician; and faith in his remedy. Why did Peter make such a failure in his attempt to walk on the water? Because he doubted. A half hearted faith in one's remedy paves the way to failure. Dr. McColgan hits the truth in his article in the November "Recorder," when he compares the positive and impositive practitioner. Only the one who succeeds is no charlatan or ignoramus. The Nazarenes were astonished when their townsman, (as they supposed their master to be,) stood up in their synagogue to read. "How knoweth this man letters having never learned?" But before he finished his discourse they found that he did know letters, and something more besides, and then they wanted to throw him over the cliff.

Doctor, if you have a good remedy, made by an honest chemist, or if you go "root grubbing" in the spring to get the first fresh life that God sends welling up in some plant, for your tincture,

pin your faith to it. Don't insult a decent remedy by a doubt or question. Doubt and question all you will before you take it into your service, but after you have chosen it put your whole soul into it. We do not say you will never fail. Every man is destined to pass through what we call death, to reach life, and when one's summons comes he must answer to his name. But we are talking of these diseases; disorders which have invaded this fair world, and which being opposed to God's divine intent. find their antagonist in the remedy He has put into our hand. Accept the boon as His gift and trust it, guide it, direct it according to your highest light, and you will find it a faithful servant, a true friend.

THERAPEUTIC SUGGESTIONS.

By Edward C. Rothrock, M. D., Tennessee Colony, Texas.

(Thirteenth Paper.)

CAULOPHYLLUM THALICTROIDES.

Blue cohosh or squaw root is a smooth glaucous plant, purple in color when young, with a high round stem from one to three feet high, knotted and matted root stalks. It has a racemose panicle of small yellowish green flowers, which appears in May and June, and is a handsome perennial plant, growing all over the United States, in low, moist, rich grounds, near streams, in swamps and lands that have been overflowed with water. The seed ripens in the latter part of summer and is said to be a good substitute for coffee. The fruit is dry, sweetish and insipid. The medicinal virtue resides in the root, which is sweetish, pungent, aromatic, and produces a yellow infusion or tincture. Squaw root is emmenagogue, parturient, antispasmodic, diuretic, diaphoretic and anthelmintic. It is used in rheumatism, dropsy, colic, cramps, hiccough, epilepsy, hysteria, uterine disorders, etc. Caulophyllum is a valuable agent in all chronic uterine diseases, having a special affinity for the uterus and appendages. It is of great service in leucorrhoea, dysmenorrhea, etc. The active principle of squaw root is caulophyllin, dose 1, 2, or 3 grs. If used for a week previous to the parturent period, it will facilitate the process, as we found years ago. We have frequently combined caulophyllum thalictroides, one ounce, mitchella repens, one ounce, eupatoria aromatica, half ounce, dioscorea, half ounce (specific tinctures), and given 60 drops three times a day in syrup. Caulophyllum combined with hydrastis canadensis one ounce of each, added to three ounces of syrup or honey, forms an elegant preparation for aphthous sore mouth and throat for internal and local use. Blue cohosh is superior to ergot for expediting delivery. Where debility or nervousness is a factor, fatigue, want of uterine nervous energy, it acts milder, is more prompt and certain in effects than ergot. Squaw root, specific tincture, five drops every half hour as needed will relieve after pains. It is very prompt to relieve menstrual suppression, given in doses of 30 to 60 drops every four hours, and in dysmenorrhoea 10 drops every three hours will frequently relieve promptly Caulophyllum is a valuable alterative, uterine tonic and parturient according to time or period it is employed. In the abnormal condition existing in this organ and its appendages, as amenorrhoea, dysmenorrhoea, passive menorrhagia, leucorrhoea, it is curative, and in some cases better than cimicifuga. But if rheumatism is one of the factors in such cases, we alternate cimicifuga fluid extract, 20 drops every three hours with the caulophyllum.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL NOTES

By J. P. Thorne, M. D., Janesville, Wis.

Caffeine, the pure alkaloid, is a great heart tonic and lessens tissue change and waste.

Argyrine is a new alkaloid obtained from the horse chestnut. It is used in $\frac{1}{6}$ grain doses in hemorrhoids.

Thermol is used by many practitioners according to dosimetric rules. It can be used in conjunction with various other remedies used in alkaloidal practice.

Colchicine is a valuable agent in treating rheumatic conditions. I frequently put my cases of rheumatic iritis on colchicine and I find it gives me valuable assistance. Of course an iritis of any kind also needs vigorous local treatment.

A new use of apomorphine as a hypnotic is reported in the New York Lancet by Dr. E. W. Adams. He was called to see a woman who was causing considerable disturbance by her excitable and restless behavior due to alcohol. The doctor gave a hypodermic of apomorphine $\frac{1}{15}$ grain to relieve her of the alcohol, but instead of the expected result the patient was sleeping quietly in about twenty minutes.

The action of acontine was nicely demonstrated to me a few days ago in treating a case of acute inflammation of the middle ear. The patient was in pain and the indications were that a paracentesis would be necessary. I gave the patient aconitine granules with directions how to take them and the next day he reported the pain all gone and the ear much better; with some local treatment the case made a speedy recovery. The action of aconitine as a vaso-motor dilator quickly dissipated the localized congestion and this gave me the desired results.

Helenin is worthy of more general use by dosimetric practitioners. It is the active principle of the Inula Helenium better known as elecampane. Helenin has a tonic influence and improves the nutritive functions of the body. It is said to be destructive to the bacillus tuberculosis and other disease germs The dose is $\frac{1}{12}$ to $\frac{1}{6}$ grain. I noticed the following item regarding helenin in the last Medical Bulletin: Dr. Korab praises the action of helenin in allaying cough, diminishing expectoration, and facilitating respiration. It is also an excellent bactericide. It has a preventive and curative influence in hæmoptysis, stimulates the appetite, and improves digestion. He regards it as the remedy to be preferred in chronic bronchitis and pulmonary tuberculosis.

DOSIMETRIC PRACTICE.

By M. G. Price, A. B. M. D. Mosheim, Tenn.

(Twelfth Paper.)

CROUP, DIPHTHERIA—PART SECOND.

Dr. Gray says membranous croup is an acute, non-contagious, non-infectious disease of the larynx, local in its nature, confined to the upper air passages, not epidemic, characterized by the formation of a false membrane which causes the principal symptom,

dyspnea and is very fatal. This is primary or membranous croup.

There is an acute, infectious, epidemic affection, presenting a membranous deposit in the fauces, larynx and other localities, accompanied by symptoms of blood poisoning, such as enlarged glands, nasal discharge, albuminuria, paralysis, debility and coma, this is diphtheritic or secondary croup.

Again croup is an inflammation of that part of the larynx superior to the vocal cords, but may extend into the trachea and is attended with the formation of an exudate that is deposited in the form of a fibrous membrane on the epiglottis, ventricular bands and to a greater or less extent on the vocal cords. This membrane does not penetrate the epithelial layer as does diphtheria, but may be peeled off without tearing the mucous membrane or leaving a raw surface.

Membranous croup has many symptoms in common with other throat diseases, but it is all-important for us to distinguish between this and all of them. Dr. Bartholow says it is known from false croup by the characteristic membrane and by its slower development.

Dr. Lawrence says the exudate of membranous croup is fibrinous, that of diphtheria cellular, also diphtheria may but rarely first attacks the trachea. There is never an exudate upon the tonsils in membranous croup. Also "where I have a case which presents symptoms of croup and in which there is no exudate on the tonsils, I diagnose it as membranous croup (non-diphtheritic) where in addition to the usual symptoms there is an exudate on the tonsils I diagnose it as diphtheritic croup. Membranous and diphtheritic croup are not the same. Eggs may be alike but they are not the same eggs."

Again some writer says there are cases of diphtheric croup which so clearly resembles membranous croup that it is impossible to distinguish between them. Those cases of diphtheria are referred to in which the membrane confines itself to the trachea and smaller tubes and fails to appear in the tonsils. These cases are rare, but should be diagnosed as diphtheria. We present in parallel columns the main features of

Membranous Croup	Laryngeal Diphtheria
1. Is due to exposure to cold.	1. Due to specific poison.
2. No period of incubation.	2. Period of incubation 1 to 5 days.
3. Is a local disease consisting of an inflammation of the larynx with exudation of false membrane.	3. Is a constitutional disease, where bacteria are deposited and form false membranes on the mucous membrane of the larynx.
4. The false membranes beginning in the larynx, may extend to the pharynx	4. The false membranes exist from the beginning of the disease in the pharynx and extend from there down to the larynx and frequently up into the nose.
5. Affects children only.	5. Attacks adults also.
6. Begins mostly suddenly at midnight with croupy coughs etc.	6. The child has been ailing 3 to 5 days before croupy symptoms appear.
7. The child loses its strength only after frequent vomiting and towards close of disease.	7. The child seems weak from the very beginning and loses strength rapidly even before appearance of croupy symptoms.
8. Never any constitutional symptoms except high fever and near death, symptoms due to want of oxygen.	8. Constitutional symptoms from the beginning, moderate fever long before laryngeal symptoms set in. Child dies often from septicemia before death by suffocation sets in.
9. Never any complications.	9. Often nasal diphtheria, sometimes endocarditis. Always septicemia.
10. Albumin in urine only after dyspnea has become great.	10. Albumin in the urine from the very beginning of graver symptoms.
11. Never enlargement of glands.	11. From beginning and never absent.
12. Never contagious.	12. Very contagious.
13. No sequelae.	13. Sequelae frequent.
14. Rapid convalescence.	14. Very slow and tedious convalescence.
15. False membranes soluble in potash solution, hardening in sulphuric acid.	15. Soluble in sulphuric acid, hardening in potash solution.
16. Membrane consists of new formation of cells.	16. Membrane consists of masses of bacteria and cells.

It would appear that these diagnostic differences are sufficient to establish the fact that the two diseases are separate and distinct from each other and to render their differentiation certain and easy.

The concluding paragraphs of this paper which will appear next month will deal very fully with the treatment of membranous croup.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

HYSTERECTOMY—ABDOMINAL OR VAGINAL?

Dr. H. O. Walker, of Detroit, in a paper read before the Mississippi Valley Medical Association sums up his views in the following conclusions. All things being equal the abdominal route offers advantages for a more complete hysterectomy than the vaginal route. First you are better able to see what you are doing; second, you are better able to control hemorrhage than by the vaginal route where you are working in a dark cavity; there is less liability of slipping of the ligatures, and if they do slip they are got at more easily than by the vaginal section; third, the danger to the ureters is minimized, and if injured, the opportunity for repair is better, while if injured by the vaginal route you would have to do an abdominal section to make the repair; fourth, the prevention of sepsis is more certain by the abdominal than by the vaginal section, aided in the first instance by the Trendelenburg position which gives opportunity for full protection of the intestines and peritoneum, while in the latter the opportunity for protection is limited, as it is an utter impossibility to render perfect asepsis in the vaginal where there has been a long standing infectious disease. On the other hand Dr. Sutton, of Pittsburg, also a noted surgeon, in speak- of the Faure-Kelly modification of abdominal hysterectomy and comparing it with the vaginal method, calls the difference the same as that between a major and a minor surgical procedure, the difference which may carry with it a great shock and one in which there is notorously little or no shock. It (the former) possesses decided disadvantages and greater risk to the patient during, immediately after the operation and later.

DR. RODERMUND.

A fanatic crank, from Wisconsin, a Dr. Rodermund, of Appleton, has recently succeeded in gaining for himself widespread notoriety. That is probably all he wanted. The man has put himself in opposition to the best scientific thought in different ways, as in his theory of the circulation. According to him the heart is not the important organ, but circulation is produced by alternate contraction and relaxation of vessels. Useless to argue with a man of his mental calibre. Let him glory in a pretended originality which, in fact is mostly a rehash of obsolete medical ideas. But when he carries those notions into practice and endangers thereby the health of large communities it is time for common sense and law, which claims to be nothing but common sense, to exert itself and suppress him. If by reason of a previously acquired immunity or possibly deliberate fraud in his so-called experiment the man should fail to take or spread smallpox, the case will ever after form a staple argument with the anti-vaccination crank.

TUBERCULOSIS AND THE HANDKERCHIEF.

The story is told of a famous Prussian general of a former generation: Risen from the lowest social plane he was unfamiliar with the usages of polite society. One day, when invited to a court reception, he was presented with a dozen handkerchiefs, things which he had never before used. The

company was scandalized to see him fire one handkerchief after the other, after having used it once, and he happened to have a cold, into the nearest corner of the reception hall. His explanation was that he did not want to carry such a nasty thing as a handkerchief around in his pocket. The man was wise beyond his time. A handkerchief is certainly most unhygienic and should, at least for consumptives, be replaced by the cheap Japanese napkins. This has been done for years at the Adirondack Sanitarium with the result that no case of tuberculosis has developed among the employes in the last fifteen years, although they are constantly exposed to the contagion. According to an article in the Brooklyn Medical Journal, every consumptive patient expectorates between thirty and forty million tubercular bacilli daily, and as there are in the city of New York alone not less than 15,000 persons suffering from the disease, an enormous amount of bacilli is spread every twenty-four hours. The gathering and treasuring up this dangerous expectoration in handkerchiefs, as is the universal usage now, must be an active factor in the dissemination of the disease. Measures must be taken for the effective destruction of the tubercular sputa and there are none better than the paper napkin and cuspidor which can readily be burned.

THE ORIGIN OF CANCER.

The belief has of recent years developed, and is steadily growing, that cancer is of parasi ic origin. Various investigators have come forward from time to time, claiming to have found and isolated the germ of the disease. The question has been given careful consideration in the first annual report of the cancer committee of the Harvard Medical School, which is just out, and forms a very valuable addition to modern medical literature. After weighing the evidence for and against the parasitic theory, the writer comes to the conclusion that the former is not at all proven and inclines to the view that cancer is not a disease of bacillary origin. He bases his conclusions mainly on the following consideration: Cancerous tumors are composed chiefly of masses of epithelial cells. If these tumors are due to the action of a parasite, the parasite must naturally be one which causes a proliferation of epithelial cells. Most parasites and irritants produce a proliferation of connective tissue only. Moreover, secondary or metastatic areas of cancer reproduce an epithelial growth of the same type as that of the original tumor. This indicates that the secondary nodules arise from masses of epithelial cells transferred from the original tumor by means of the lymphatics or blood vessels. Since the epithelial organs in which the metastases occur have a characteristic epithelium of their own, the secondary nodules in such organs, if the proliferation were due to the action of a parasite, should consist of epithelium analagous to the epithelium of the organ in which the metastases appear. Finally, attempts to produce cancer in animals with material from human cancer have been failures.

That seems sound reasoning. Nevertheless, the other theory has also a good foundation and there is no reason why we may not expect to discover some day a parasite which causes proliferation of other than connective tissue only.

EPILEPSY.

A new symptom of epilepsy has been discovered by Carlo Ceni, who reports observing a curious fluctuation in the bodily temperature of epileptics. There is a temporary drop of one to five degrees, occurring at different times of the day and night and lasts from one half to one hour. It has been noticed three or four times in twenty-four hours.

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FREE CLINICS.

We expect that all of our readers will carefully peruse the article on the dispensary question by Dr. C. F. Souder in this issue. While this is not a new subject, yet it is not by any means a thread-bare one. It is a most important matter and is a growing evil which should receive more attention than it does from the rank and file of the profession. We hope that Dr. Souder's article will arouse discussion and action which will be beneficial. Every doctor connected with a free clinic should be as careful as possible not to treat patients who are able to pay. He should remember that doing such free work is depriving some doctor of needed work. There is no reason why the doctor should give away his time and skill any more than the grocer or dry goods man should give away his goods. Doctors having cases able to pay, which they cannot or do not wish to take, should not send them to a free clinic, but turn them over at once to some other practitioner. Dr. G. F. Lydston, in his little work, "Medicine as a Business Proposition," says some good things on this subject. We quote some of his ideas:

The college clinic—especially of the surgical sort—is far-reaching in its detrimental effects on professional prosperity. Few or no questions are asked, and the millionaire is being operated on daily, side by side with the pauper, free. And the blame does not always lie with the professor who runs the clinic. General practitioners bring patients to the free clinics every day, with full cognizance of their ability to pay well. Why doctors will persist in thus cheapening surgical art is difficult to conjecture, but they do it just the same.

Of course, the college clinic is supposed to be a theater of instruction. Often, however, it is but a stage on which comedy dramas are enacted. A brilliant operation that nobody six feet away can see, and an operator bellowing at his audience like the traditional bull of Basham, in medical terms that confuse, but do not enlighten, terms that are Greek to most of the listeners—this is the little comedy drama that is enacted for students who have eyes, but see not; who have ears, but hear not. Instruction? Bah! Take the theatric elements and plays to the gallery out of some college clinics, and there would not be a corporal's guard in attendance.

Worse than free clinics are the so-called charitable hospitals. Much has been said of dispensary abuses, but few have had the courage to say anything in adverse criticism of these institutions. While nominally founded to fill "a long-felt want," and the number of long-felt wants from the hospital standpoint is legion—these hospitals are founded on strictly business principles, save in this respect—the people who found them feed on their innate capacity to get something for nothing. The first thing the founders do is to get a staff of doctors to pull the hospital chestnuts out of the fire. The members of of the staff think that the hospital is performing the same duty for them,

and everything is serene. And so the surgeon goes on operating on twenty patients, fifteen of whom are able to pay him a fee, in the hope that one among them all is willing to pay him a fee. Exaggeration? Well, I cannot swear to the accuracy of the foregoing, but an eastern surgeon of world-wide fame once told me that for every patient who paid him a fee, he operated on nineteen for nothing; and this man has no public clinic, either. Is it conceivable that the nineteen free patients are all paupers? Many of them go to my friend for operation, from very long distances. Ought the railroads and hospitals to have all the profits? Have we not all had similar experience in a lesser degree! With the development of charitable hospitals far in excess of any legitimate demand, it has come to pass that surgery is almost a thing unknown in general city practice. Even the minor operations have left the general practitioner—to return no more so long as there are free hospitals and dispensaries. Where is the emergency surgery, of which in former days every practitioner had his share? Railroaded off to the charity hospitals to be cared for gratis.

Dr. H. Speier, who has so ably conducted the Rundschau department of the Recorder, has removed to a new field of practice at Rochester, Minn. Dr. Speier is a physician of large experience and good judgment, is well read and thoroughly competent; he will doubtless hold a large practice in his new location. The doctor will continue to furnish us his Rundschau every month.

We are pleased to bind last year's Recorders in a fine half leather and cloth and return by prepaid express for 65 cents. As long as we can supply them, will furnish missing numbers free.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

PANAMA AND THE SIERRAS, A DOCTOR'S WANDER DAYS. By G. Frank Lydston, M. D. Illustrated from the Author's Original Photgraphs. Cloth $1.75. The Riverton Press, Chicago, Ill.

Dr. Lydston is well known to physicians as a writer on medical subjects, but many do not know that he is a charming writer of travels and a true humorist, whose literary work is sure to give him permanent fame. We have this book as the result of a vacation trip which the author took for his health. He went by boat from New York City to the Isthmus of Panama and from there to California. The book is not an ordinary record of travel, giving dry data and statistics, but is a bright, sparkling narrative of the trip. Dr. Lydston's style is such that it seems as though the reader were accompanying him on the trip. The localities visited are described, the various people met are depicted and a clear idea of everything given. The book abounds in humor, and good stories without number are told. In places the word-painting of the writer is vivid, as for instance the following:

"But who cares for smoke, and dust, or bumping, rickety cars, or a wheezy engine, so long as the way lies through Paradise. The Isthmus of Panama, as seen from the railroad, is a continuous panorama of tropic beauty. Palms and ferns in the wildest profusion, bananas, plantains, bamboos, cottonwoods and tall cocoanut trees line the way. It seemed as though we were traveling through a vast conservatory. Intertwined with the dense, tangled shrubbery were hun-

dreds of wild morning-glory vines of every conceivable variety, and the forests in all directions were illumined by gorgeous orchids and countless other blossoms of many and varied hues. In many places the ivy-tangled trees and shrubbery are so dense that the forest is impenetrable. Now and again a bird of brilliant plumage flitted by, or a huge, gorgeous butterfly lazily winged his way among the flowers. Here and there a narrow pathway may be seen which is by no means inviting to the traveler. The closely-matted underbrush is too suggestive of snakes, which are there so numerous and large. Much of the land is swampy, and an explanation of the prevalence of severe malarial infection is not far to seek. From time to time bouquets of exquisite flowers were offered for sale on the train—bouquets that would have thused the coldest of mortals. As we reached the hills in the interior of the isthmus the scenery grew semi-tropic —indeed, it appeared very like that of the temperate zone. Only a few miles, however, and then, down again into fairyland we went—and in fairyland we staid till the city of Panama was reached and that wonderful ride was was but a memory."

The doctor who reads this book will feel rested and refreshed; but it is not a book for doctors alone, as it is a work of general interest which is bound to have a large sale over the counters of book stores. A perusal of it is a good treatment for the blues.

DISEASES OF THE HEART; THEIR DIAGNOSIS AND TREATMENT. By Albert Abrams, A. M., M. D., San Francisco, Consulting Physican for Diseases of the Chest, Mt. Zion Hospital and the French Hospital. Illustrated. Pages, 172. Extra Cloth. Price, $1.00 net. G. P. Englehard & Co., Chicago.

In this book the author discusses the subject of heart disease entirely from a practical aspect. His most noteworthy researches in methods of diagnosis are here recorded for the first time in collected form, and the latest and most practical methods of treatment given in detail.

While this is a small work, yet it is wonderful how much good knowledge is condensed between the covers. It includes much on the diagnosis and treatment of heart diseases and contains information which cannot be found elsewhere. In the introduction, the author briefly explains the circulation and speaks of the etiology of heart disease. The chapter on diagnosis of diseases of the heart is excellent and will be a valuable help. When we consider that the diagnosis must be made almost entirely by objective methods, physicians should be thorough and careful in examining for heart disease. The treatment of diseases of the heart, affections of the pericardium and cardiac neuroses all receive careful attention. One chapter is devoted to affections of the arteries. In the addendum many practical briefs are given relating to the cardio-vascular system. The book is bound in cloth with gilt top, wide margins and untrimmed edges.

URINARY DIAGNOSIS AND TREATMENT. By J. W. Wainwright, M. D., Member of the American Medical Association, New York State Medical Association, New York County Medical Association, etc. Illustrated with numerous engravings and colored plates. Pages, 140. Extra Cloth. Price, $1.00 net. G. P. Englehard & Co., Chicago.

This book gives not only all the usual methods of urinary examination, but introduces also a new feature in works of this character, viz., a discussion of the clinical significance of

the urinary findings and their practical application in treating the diseases of which they are symptomatic.

Among the subjects discussed are the following: Composition and Physical Character of the Urine; Normal Constituents of Urine; Abnormal Constituents; the Microscope and Microscopical Technique; Qualitative Analysis of Urinary Calculi; Bright's Disease, Diabetes, Gout and Other Conditions and Their Treatment; Favorite Prescriptions, etc.

The work gives simple methods of chemical and microscopical examinations, which can be done by any practicing physician. The author shows the great importance of and need of microscopical examinations for accurate results. The latest theories and researches on the subject are given and the up-to-date treatment is presented. One chapter is devoted to favorite prescriptions and formulæ of test solutions, and will be useful to the practical worker. The book is illustrated with sixteen full page plates, some being colored. It is bound in the same style as Abrams' Heart Diseases. Both of these books are bound in elegant style and will grace any doctor's library as well as add to his working knowledge.

INTERNATIONAL CLINICS. A quarterly of clinical lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to students and practitioners, by leading members of the profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., director of the Ayer clinical laboratory of the Pennsylvania Hospital, with the collaboration of Charles H. Reed, M. D., of Philadelphia; John B. Murphy, M. D., of Chicago; Alexander D. Blackader, M. D., of Montreal; H. C. Wood, M. D., of Philadelphia; T. M. Rotch, M. D., of Boston; E. Landolt, M. D., of Paris; Thos. G. Morton, M. D., of Philadelphia, with regular correspondents in Montreal, London, Paris, Berlin and Vienna. Volume IV, tenth series, 1901. Cloth, 312 pages, $2.00. J. B. Lippincott Co., Philadelphia.

This volume completes the tenth series of this well known work, now indispensable to so many practitioners. Among the wealth of interesting matter we call especial attention to a few of the leading articles: Mosquitoes, and the Prophylaxis of Malaria, is a timely article by the man who has done so much original work on the subject, Prof. B. Grassi, of the University of Rome. The second part of the Symposium on Genito-Urinary Diseases contains an exhaustive article on urethritis by Dr. Jas. Pedersen, of New York; an article on mercury in treatment of syphilis by Dr. A. H. Ohmann-Dumesnil, of St. Louis, and three articles on venereal diseases by leading authorities of the Paris hospitals, Drs. Felix Guyon, A. Fournier and A. Renault. The section on Surgery is written by Dr. John B. Deaver, of Philadelphia, and consists of abstracts of his clinical lectures at the German Hospital. Prof. D. Roncali, of the University of Rome, writes on the role of blastomycetes in the etiology of cancer, which is illustrated by a full page colored plate. The Etiology and Morbid Anatomy of Various Diseases is the title of a monograph of of over 100 pages by Dr. Henry W. Cattell of Philadelphia. It gives the definition, etiology and most generally accepted patholgy of the more common morbid affections. The arrangement is alphabetical by disease, making the digest a ready reference work on

the subject. As usual, this issue is well illustrated with cuts and plates. The eleventh series promises to not only equal the tenth series, but to surpass it in some respects.

PHYSICAL DIAGNOSIS IN OBSTETRICS. A guide in antepartum, partum and postpartum examinations for the use of physicians and undergraduates. Edward A. Ayers, M. D., Professor of Obstetrics in the New York Polyclinic; Attending physician to the Mothers' and Babies' Hospital. With illustrations. 300 pages, cloth $2.00. E. B. Treat & Co., 241–245 West 23d St., New York.

This work is one which will greatly assist every physician doing obstetrical work. The purpose of the book is well explained by the following extracts from the preface and introduction to the book:

"The writer has been engaged in teaching clinical obstetrics to both physicians and undergraduates for eighteen years and has found the need of the hour to be a book guide which shall follow the same order in its treatment of obstetric bed-side study as is pursued in institutions devoted to this work. Hence the publication of Physical Diagnosis in Obstetrics. It aims to represent on paper, and with more careful expansion of statement than could be given in daily verbal instruction by the side of the patient, the clinical study of obstetrics as the author has been accustomed to pursue it with his classes in hospital and dispensary work.

During the last twenty-five years there has been a marked and gratifying advance in obstetrical teaching and practice in the extent of development in diagnosis. It seems strange that middle aged men of today are living witnesses to the practice that consisted mainly in seeing women for the first time only when in labor. Today no student in our higher medical colleges is permitted to graduate without practicing antepartum examinations to some extent. And yet when the writer began a systematic course of instruction in this line sixteen years ago, there was scarcely any work being done as an essential or even optional part of the curriculum, in this country. An experience with many thousand physicians in the class room has shown how very small is the per cent. of those who are prepared to make a diagnosis as to the essential conditions present in a given case of pregnancy. The probable time of labor, and more or less care to avoid eclampsia, or rather albuminuria, summed up the attention granted by the physician in most cases.

Happily the standard is rising from day to day, and each graduate becomes a spur to his local co-laborers to improve his attainments. The next fifteen years will show a wonderful change in the customs of the profession in this important sphere of medical practice."

A useful idea is the author's history sheet which he here presents and shows how it should be filled out. It shows the general and previous history of the patient, the condition of the antepartum period, the history of labor, the puerperium and care of the child. The book is concisely written and is a valuable addition to obstetric literature. It is illustrated with numerous good cuts and half tones.

BOOK NOTES.

The Mosquito and Malaria is an interesting illustrated pamphlet issued by the Palisade Mfg. Co., Yonkers, N. Y. Any of our readers can get a copy free.

Rudyard Kipling's great story "Kim" is now being published in McClure's

Magazine. This one feature of this progressive magazine is well worth a year's subscription.

If any of our readers are fortunate enough to own a jewelery store on the side they will want to get a copy of Frederick Boger's new magazine The Jeweler, issued at 36 Maiden Lane, New York City.

P. Blakiston's Son & Co., of Philadelphia, announce a new edition of Parke's Hygiene and Public Health. This is a standard work and the new edition has been much enlarged and thoroughly revised.

Dr. Geo. F. Butler is issuing some attractive numbers of his charming medico-literary journal, the Doctors' Magazine. You will never regret sending to Alma, Mich., for a copy or better yet, a year's subscription.

Twenty excellent stories and anecdotes of Theodore Roosevelt, never before printed, and told anonymously by the "intimates" and closest friends of the Vice-President-elect, will be published in the next issue of The Ladies' Home Journal.

Consumption, Pneumonia and Allied Diseases of the Lungs is the title of a new book by Dr. T. J. Mays, which will be issued March 1st by E. B. Treat & Co., New York. It will contain over 500 pages and will present much new and valuable matter.

A very attractive publication is being sent out by the Antikamnia Chemical Co., of St. Louis, which contains very beautiful and accurate colored plates of the superficial palmar arch, deep palmar arch and dorsal blood supply. It is mailed free to Recorder readers.

The Alkaloidal Clinic for February abounds in good, practical articles. The Clinic has had a wonderful growth and has become one of the great medical magazines of the day. If you are not familiar with it, send for a sample today and you will subscribe after reading one number.

The Acologist is a new magazine of rational medicine published at Farmington, Minn., by Dr. R. St. J. Perry. Recorder readers know that Dr. Perry will furnish something bright and original. The following heads the editorial page: An independent journal of rational medicine, used as a vent for the acologic cerebrations of its editor. Kindred spirits who tell what they think, what they do and how they do it, are invited to contribute to its pages.

The International Medical Annual for 1901 will be issued by E. B. Treat & Co., about April 1st. This is a most comprehensive and complete year book written by leading authors in this and other countries. No doctor's library is complete without this annual and no matter how many year books you buy, you need this one. New therapeutic agents and new treatment are very thoroughly covered. This year's volume will contain 750 pages and will be profusely illustrated with cuts and full page plates, many of which will be colored.

The immediate success of The World's Work—a fact unparalleled in magazine history—is due in great measure to its dominant Americanism. The expression of a strong and broad spirit of nationalism and the embodiment of American ideals have met an instant response: There is a strong note of patriotism in all American achievement. The editorial interpretation of the month is compressed, clear and cheerful. The record of the doings of the month in trade and profession is given in "Among the Worlds Workers." Numerous able articles and elegant illustrations make a valuable magazine.

Herbert S. Stone & Company, of Chicago, Ill., announce that they have in preparation, and will soon issue the following important work: "A Textbook of Special Surgery. For practitioners and students. By Dr. Fronz Koenig. Translated from the seventh German edition, which has but recently appeared, by Arthur B. Hosmer, M. D., and edited by Christian Fenger, M. D." It is the authorized translation, and will consist of three large octavo volumes on an especially fine grade of plate paper, and each volume will contain in the neighborhood of three hundred illustrations.

We mention a few of the good things found in the February issue of "Success' which shows no abatement in its zeal to get to the front rank of American magazines. Two especially good contributions are on Lincoln and Greeley- The former is by General John H. Littlefield, who studied law with the great commoner, and the latter is from the pen of Col. Alexander McClure. The true story of the struggles of Mackay, Flood, O'Brien, and Fair, prior to their great Comstock lode discovery, is told in a way to prove that the "luck" of that event was spelled with a "P." Chief Justice Fuller, Mr. Justice McKenna, Attorney General Griggs and Representative Kahn pay tribute to the memory of America's greatest jurist, John Marshall, the hundredth anniversary of whose appointment to the supreme court is celebrated in February.

Theodosia Burr's remarkable life story is capitally told by an admiring writer in the February Ladies' Home Journal. Such extremes of joy and sorrow as were the lot of "The Beautiful Daughter of Aaron Burr" come to few women. The story of the famous hymn, "Nearer, My God, to Thee," and a close view of its brilliant author, are united in "A Woman to Whom Fame Came After Death." "The Buffaloes of Goodnight Ranch" is a record of the only herd of North American bison owned by a woman. Through Edward Bok representative men and women journalists emphatically settle the oft-disputed question, "Is the Newspaper Office the Place for a Girl?" There seems to be but one opinion among those who should know most on the subject. "The Problem of the Boy," "Why One man Suceeeds and His Brother Fails." and "The Trying Time Between Mother and Daughter" are all thoughtful articles. Various other articles and subjects round out a fine issue of this popular magazine.

Sculpture at the Pan-American Exposition by N. Hudson Moore is a beautifully illustrated article in the February Modern Culture, and gives a view of the artistic attractions of that fair. Sarah Denton Wilson's "Glimpses of Life in the Phillippines" are exciting much interest. Marion Harland delights her readers with the second of her Virginian tales. "The American Architect's Annual" supplies G. Mercer Adam with material for an an attractive article. The Lanier lectures on "Shakespeare's Time" end with this number. They have proved a notable feature of the magazine. "Aaron Burr" and "Washington's Ablest Ally" are the historical articles, while the marriage of Queen Wilhelmina lends interest to "A Royal Bride." Several hundred doctors ought to avail themselves this month of the liberal club offer we make with this fine magazine of culture.

A new edition of Hovell's Treatise on the Diseases of the Ear, by T. Mark Hovell, F. R. C. S., is announced by P. Blakiston's Son & Co., Philadelphia. To this edition much material has been added, and some of the chapters have been almost entirely rewritten. Contains 808 pages, 128 illustrations. Cloth binding, $5.50.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Electrical Apparatus.—In order to get the best results in electro-therapeutics, apparatus should be purchased of reliable manufacfurers. The McIntosh Battery and Optical Co., is prepared to supply physicians with anything electrical. Their word can always be relied upon.

Dr. J. H. Fruightnight. — John Henry Fruitnight, M. D., died recently in New York City, aged 49 years. He graduated at Bellevue Hospital in 1875 and since then devoted himself to pediatrics. He was an authority in this branch of medicine and was a pediatric writer of note.

Sleeplessness. — Dr J. Nowack, professor at Royal University, Vienna, Austria, says:

If a dose of Fellows' syrup hypophosphites is administered in a glass of wine or water, an hour before going to bed, the patient goes to sleep quietly without any excitement. I can recommend Fellows' hypophosphites to all medical men in cases of sleeplessness.

Dr. C. W. Purdy.—The well known authority on diseases of the kidneys, Charles Wesley Purdy, LLD., M. D., died at Chicago, January 21. He was born at Kingston; Ontario, and graduated from Queen's University. For years he has been a prominent practitioner in Chicago and was professor of clinical medicine at the Chicago Post-Graduate Medical School. His work, "Practical Uranalysis and Urinary Diagnosis," is a standard. We reviewed the new fifth edition of it in a recent Recorder.

Dr. Ephraim Ingalls.—The many friends of Dr. Ephraim Ingalls were pained to hear of his death at his Chicago home in January, aged 78 years. He was graduated from Rush Medical College and most of his professional life was spent in Chicago. He was for some time professor of materia medica and medical jurisprudence in Rush. He was liberal in his support of both his alma mater and the Northwestern University Medical School. A few years ago he gave $25,000 to Rush and $10,000 to the Northwestern.

M. S. Mixture.—This is a mixture of fifty-seven parts of ether with forty-three parts of chloroform. Edward Adams sums up its advantages in the Medical News, as an anesthetic as follows:

1. The stage of excitement and struggling are not marked. (2), it requires a short time to get the patient under—five or ten minutes. (3), very little of the anesthetic is required. On an average about 40 c. c. an hour are used. (4), it is a comparatively safe anesthetic. (5), it is very pleasant to take. (6), the after-effects are not marked. (7), patients recover quickly. (8), It can be used in nearly every condition in which either chloroform or ether is employed.

Rotary Transformer.—One of the latest and best electrical machines is the Victor rotary transformer for cautery and illuminating work.

Diabetes.—Dr. Heinrich Stern, of New York, the authoritative writer on therapeutics, in an article on Diabetes Mellitus, says:

Bromide of gold in combination with bromide of arsenic, as in Barclay's solution, which latter is known to the physician as arsenauro, is certainly a powerful metabolic stimulant in the early treatment of diabetes. I am in the habit of starting a patient with five drops of this liquor, in plain or Vichy water, twice or three times daily, and gradually increasing the dose until full physiological effects are produced. A patient of mine afflicted with incipient diabetes takes at this present day fifty drops of the liquor three times daily. I discontinue the administration of the liquor as soon as the indications of a physiological saturation become evident, but one or two weeks later I let the patient start in again as before. In this manner I am enabled to keep up the alterative influence for any length of time without producing aurism and arsenicism. To the powerful action of arsenic and gold, which in the form of arsenauro can be steadily and safely administered, I ascribe the non-appearance or the disappearance of glycosuria in a number of my cases cited above; arsenic and gold, in this combination, seem to act as modifiers and improvers of the disturbed metabolic equilibrium of the prodromic stage of diabetes mellitus.

Diabetic deterioration, when recognized in its prodromal stage, I conclude, can be often retarded or completely arrested if proper hygienic, dietetic and medicinal treatment is early instituted.

Anemic School Children.—An annoying class of patients which every practitioner has is anemic school children, whose appetites are poor and who are often nervous and irritable. It seems impossible to get them to take nourishment necessary for recuperation. For such cases we would recommend milkine tablets, as they contain much nutriment in a condensed, palatable form. These tablets are made in lemon and chocolate flavors and unflavored; they may be given to children to eat between meals and will give prompt results. In addition to this proper medication should be resorted to. Gude's pepto-mangan is a very satisfactory medicament in such cases. The large amount of work which is crowded upon school children at the present time is a severe tax to their powers of endurance, and we believe the suggestions given will be found of practical value.

A Cheerful Place.—It would be hard to find a curative establishment in the land where the element of cheerfulness is so largely cultivated as in the Alma Sanitarium It is impossible to examine the institution without noticing at once that the prevalent idea in the treatment of the guests is to inspire feelings of hope and the elasticity of spirits which must be regarded of paramount importance in mental and physical regeneration. To the end of maintaining the requisite tone of sanguine expectation, various forms of recreation have been thoughtfully devised, so that the sojourner here receives the impression of comforts and diversions peculiar to a well-appointed summer resort rather than an abode of subtle ills requiring the utmost skill to overcome. Patients whom we have had in the Alma have been highly pleased with their treatment in the institution.

Prostatic and Bladder Diseases.—R. D. Mason, M. D., Prof. of rectal and pelvic surgery in Creighton Medical College, surgeon to St. Joseph

Hospital, Omaha, Neb., says; I have used sanmetto in my practice for several years and believe it to be a preparation of more than ordinary merit for the cure of prostatic and bladder diseases. The ethical manner in which it is put before the profession allows the physician to prescribe it, without fear of tts use by the laity, in all cases where it is indicated.

Dr. Towns.—The following regarding Dr. Towns and his epilepsy cure appears in a recent issue of Our Visitor:

The editor of this paper, Our Visitor, can hardly emphasize his experience enough. Our son has been suffering with that awful disease for twenty-two years, and all remedies had failed, until through good friends, we heard of Dr. Towns, After having used his medicine for five weeks, he got on the average one attack a week, but these were light, while previous to this he had had from four to eight, and as high as ten very severe ones in one day. After the first five weeks he had none for nine weeks. This medicine, unlike all others that we tried, had a good effect in every way—his pulse is better and he is more cheerful and bright.

Grippal Medication Simplified.—The large and increasing number of deaths, especially among our prominent men, due primarily to the prevailing epidemic of la grippe, and the serious illness of President McKinley from the same cause, impresses us with the advisability of calling the attention of our many readers to the really excellent remedial qualities of the different products of The Antikamnia Chemical Company in the treatment of this scourge and its many insidious allied diseases. For the purpose of reference, we append a list of their various preparations, viz.: Antikamnia Tablets, Antikamnia and Codeine Tablets, Antikamnia and Salol Tablets, Antikamnia, Quinine and Salol Tablets, Antikamnia Powdered, Laxative Antikamnia Tablets, Laxative Antikamnia and Quinine Tablets.

The last mentioned is a new and without doubt a most desirable combination in the above complaints and also in all malarial and congested conditions.

Exophthalmic Goiter.—Remember the following diagnostic points in exophthalmic goiter: (1) The thyroid enlargement being caused by dilated blood vessels, the gland is more elastic, changes in size from day to day, being smaller or larger, and over the gland a murmur is heard resembling the bruit heard over the subclavian vein in anemia. (2) The eye protrusion does not (in itself) affect the pupil or vision, the angles of outer and inner canthi are enlarged and, as the patient follows the descending finger of examiner, a clear line of sclerotic is seen between descending lid and cornea. (3) The tachycardia is more or less constant; it may be attended with dilation or a functional murmur. (4) The collateral symptoms are chiefly vasomotor phenomena, such as flushing of face or other parts of the body, and night sweats, tremor of hands, diarrhea, unusual nerve irritability and extreme susceptibility to the electric current. Patients are often anemic. In the late stages dyspnea is easily provoked or constant, and there is often tracheal obstruction from pressure of enlarged gland. (5) Either the eye protuberance or tachycardia is frequently absent and, less commonly, enlargement of gland may not be apparent. Abortive types are especially common in children.

We came across ths above excellent summary on the diagnosis of exophtholmic goiter in a late issue the Journal of the American Animal Therapy

Association. The point regarding the fact that one leading symptom is sometimes absent, should be remembered. The absence of one prominent symptom sometimes causes physicians to make a wrong diagnosis. In another article in the same Journal we found the following regarding the treatment of this disease with the Roberts-Hawley lymph: Excellent results have been reported in many cases of exophthalmic goiter. In fully three-fourths of the cases (about 28 treated) the protuberance of the eyes was decidedly lessened, the gland reduced in size, the tachycardia controlled and the vasomoter and subjective symptoms removed or greatly benefited. The reduction in size of the gland was usually attended with disappearance of the murmur. Four failures to decidedly benefit the cardinal symptoms have been reported. The action of the lymph is this disease cannot be explained until we know the exact cause of the symptoms. Its well known action on dilated blood vessels explains part of the results. The dose of the lymph should be gradually increased to full tolerance and used twice a day for 90 to 120 days in severe cases. It should be injected on either side of the spine or in the tissues around the hip joint.

Small Pox.—The following is an extract from a newspaper article on the good times coming this century, by Hall Caine: "I think the health of the people will be improved by still greater advances in the science of medicine and surgery. Consumption will probably be wiped out in the twentieth century as smallpox has been wiped out during the second half of the nineteenth. Even cancer and cholera as epidemics may become things of the past, and death itself, whether of the young or of the old will, I think, be more natural and less accidental."

Evidently the talented novelist has not been reading American newspapers or he would have qualified his statement regarding small pox. Hundreds of cases of small pox can be found today in various parts of the United States. The adherents of various popular fads have been allowed to interfere with compulsory and universal vaccination and we are now getting the results. At the present day there is no reason why anyone should object to vaccination with the pure glycerinated lymph. We shall have serious trouble with small pox in this country if vaccination is not made compulsory and the compulsory laws enforced.

Heroin.—Very few new remedies have so quickly come into general use as heroin, which shows that it must have some specially beneficial action. Heroin has given some wonderful results in relieving coughs. At first it was administered in too large doses, and in a few cases some unfavorable action was observed, but when given in small doses it promptly relieves and is safe. Usually 1-24 to 1-12 of a grain is a sufficiently large dose for good results, Dr. A. Holtkamp in a clinical article says of heroin: In acute laryngitis and bronchitis of adults I prescribed three times daily 0.005 gm., while in severe cases in which the cough disturbed the night's rest, 0.005 were given in the forenoon and afternoon, and 0.01 at or about 10 o'clock in the evening, after which a refreshing sleep usually ensued. The sleep produced was always quiet, without the least disturbance on the following morning. I have employed heroin in five cases of phthisis with fever and marked cough, giving two doses of 0.005 gm. within two hours in the evening, with the result that sleep always occurred, with a reduction of temperature of 0.6-1.3 degrees and diminution of the night sweats.

BRIEF MENTION.

Merck's Archives gives a list of 134 new remedies introduced in 1900.

Ecthol combines the many virtues of echinacea and thuja.

For anemias of all kinds peptomangan Gude is indicated.

Sodium cacodylate is being used in doses of ½ to 2 grains in tuberculosis.

The Globe Nebulizer is a good thing. Thousands of physicians recommend it highly.

Zymotoid is an antiphlogistic and antiseptic which has a wide range of usefulness.

Creosote carbonate is useful in chronic bronchitis with purulent expectoration.

Thiocol, internally and locally, is giving some good results in laryngeal tuberculosis.

Hydrozone has been used for years by physicians, because they are sure of its purity.

Bovinine has gained the confidence of thousands of physicians because it is of permanent value.

Lanikol continues to meet with great success. Send to the Cook Chemical Co., Milwaukee, for samples.

Hydroleine is an elegant, efficient and palatable emulsion of cod liver oil. Send for samples and be convinced.

Are you always successful in removing tape-worms? If not, write to the Taenia Remedy Co., Chariton, Ia.

The Acneine Pharmacal Co. will send free samples to our readers. If you are not using it, better send for samples.

H. M. Merrell Co. will be glad to send you their price-list, and to sell you some of their many excellent preparations.

If you intend to buy any furniture, write to the Acme Co., Chicago, for their price-list. They furnish superior goods at low prices.

We recently heard the head of a large factory say that the Chicago Typewriter gave as good service as a hundred dollar machine.

Dr. Kellogg's funis ring applicator has stood the test of clinical experience and has always given satisfaction. Write for full particulars.

Dr. E. E. Gleason, West Brome, P. Q., Canada, says: "I think that the effect of pil orientalis is more lasting than any other that I have used."

Recently it has been stated by several observers, that furuncles can be aborted by the application of an ointment consisting of one part red oxide mercury to ten parts lanolin.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A WORD ON PROPRIETARY MEDICINES.

One is constantly reminded that such remedies exist for a large per cent. of our medical journals not only advertise them extensively, but their reading pages as well, are abounding in articles whose one aim seems to be to bring before the eyes of the public some highly extolled proprietary remedy. It is true to such an extent that in many articles after reading a few lines, especially after the diagnosis is made, you can predict to a certainty what the treatment will be, and glancing down the page will see the name of the preparation, often beginning with a capital letter, standing out in bold relief.

I am familiar with several names which are never seen in print, but to recommend some article which they have used extensively (?) and with wonderful results, so when I see their names in a medical journal I wonder what new preparation they have been hired to write their testimonial of, for it certainly can mean nothing else but that.

What is this but an advertising scheme of the manufacturer using these men who do not by any means stand at the head of their profession to test and praise their preparations in order to call to them the attention of the reading public. It reminds me when I read such an article, of the stories published by patent medicine concerns which read all right till the last paragraph is reached, when it winds up with an advertisement of their medicine.

It fills me with disgust for the medical journal, to read what would otherwise be an interesting article, to find at the end of it that it was only to call my attention to one or more of the thousands of cureall preparations that revel under the names of epthar-mal medicines. Practically speaking there is very little difference between them and patent medicines.

Laying aside the question of ethics, and taking into consideration that some of them have real worth, as a very small per cent. of them probably do, I do not see how an intelligent physician can use this class of remedies. It is well known that hardly two persons require the same dose of a given drug, and if a mixture is used a different preparation is often needed. Wherein can the physician use his judgment in prescribing, and how can he exercise rational therapy when he uses all the time, as some do, a set formula, the change being only in the dose.

What need to have a four year course in our medical colleges? What need to have state licensing and examining boards if we are going to use these medicines. Any layman can use them for you only need to know the class of the disease to know what to use for it, and any one can tell whether he has a cramp in the stomach or a pain in the big toe. If it is bladder disease, gastric difficulty, nervous prostration or torpid liver, every one knows what the treatment will be, for there are remedies that are almost synonymous for these troubles.

It is not the makers that I blame but the profession for using these preparations, and so narrowing the broad views that a physician should have and who should adapt his treatment to every case, so that it is gradually bring-

ing it to the level of the patent medicine vender.

Still it is a comfort to know that they are not used by our best physicians, and it is very plain to be seen why they are used by the others. It is simply because of their own inability to diagnose and prescribe. They can guess at some disease or other and then order some elegant mixture which is used for all diseases of that class no matter how varied the symptoms. They use them as a cover for their inexcusable ignorance, and I must own the plan they follow is the easiest.

Why toil day after day for years with the intricate problems of chemistry, materia medica and therapeutics if in the end we throw them to the winds and pour into our patients the ready-made, cut-and-dried mixtures compounded by some one hundreds of miles away from them.

I can not understand why the makers of these remedies, who are not physicians at all, should have the knowledge of what would cure diseases that baffle the skill of our most learned physicians who have spent a lifetime in their study. Nor can I understand why in these days of modern pharmacy when facilities for study and research are open to all, only one should be permitted to have the knowledge of how to make some valuable preparation. This is not the case, however, for in many instances preparations of different names are composed of substantially the same thing.

These knights of the quill who write so enthusiastically about the product of their employer, must of course be loyal to him and call all others counterfeit.

I tell you brother practitioners, it is only a scheme to make money by the makers of these goods, and they are trying to hoodwink the medical profession in order to do it. All honor to modern pharmacy which has done so much to make nauseous medicines palatable, but let our prescriptions be compounded according to our views, for if the physician is not the one to prescribe then he is without any place at all. This may not meet the approval of the editors or all the readers of the Recorder, but I have written the truth as I see it, and if I am wrong I hope to be set right. I should be glad to have some discussion on this subject, for I feel that it is one of the utmost importance to the whole profession.

H. A. GILTNER, M. D.

Chelsea, Ind.

Dr. Giltner very ably presents a strong argument on this subject—one of the important questions of the day. However, like all other discussions, there are two sides to this problem. It is very true that reports are published on proprietary preparations which are extravagant recommends and which show that they are not based on actual clinical experience. Dr. Giltner doubtless refers to such articles and physicians now generally recognize such articles. But it does not follow that every article which mentions a proprietary preparation is written for advertising purposes. Many articles mention certain preparations as they are the agents which give the successful results. For instance, the article on Hypochondriasis by Dr. J. O. Manry in the January Recorder mentioned the good results obtained with Daniel's passiflora. He mentioned this because this particular preparation was what had given him success. There are preparations of passiflora on the market that are worthless, but Mr. Daniel's passiflora is his leading product, and his business success depends upon furnishing a reliable product. In such a case it is perfectly proper for a writer to mention the preparation he uses.

We have found an interesting article along this line in the last issue of

the American Medical Journalist, by R. W. Gardner, of New York, whose preparations of hydriodic acid and hypophosphites are well known to all doctors and who is an upright and honorable manufacturing chemist. The article is addressed to medical editors, but all physicians will find it interesting. We present the following from it:

"It has become a habit with many medical journals to refuse to publish any paper on a medical subject if the author, in the course of his description of procedure, mentions any pharmaceutical preparation in connection with the name of its manufacturer. In view of the fact that the described results have been secured by the use of some particular manufacturer's product the failure to designate such product does not accurately explain the writer s method, does not enable the professional reader to duplicate described results, and consequently fails to accomplish one of the principal objects of its publication, viz,, to disseminate useful details of clinical practice in such form that it may be of practical use to the reader.

The medical profession exists for the purpose of affording the largest measure of relief to the sick. Contributions over the signatures of reputable physicians are sent to medical journals, in good faith, to increase the sum of knowledge, by describing details of clinical experience which have proven successful.

The elimination of the manufacturer's name from the publication is based upon the presumption that all pharmaceutical preparations, called by the same name and made by different persons, possess equal therapeutic value, and are equally reliable.

That this presumption is false is well known.

Even the ordinary Galenical preparations of the pharmacopeia, made according to the rules laid down, or supposed to be, differ materially according to the skill and intelligence of the manipulator.

In the process of displacement, for example, the value of the product depends upon the proper packing in the percolator, the degree of fineness, the rate of speed with which the percolate is allowed to pass, etc.

In the hands of a careless, incompetent or unfaithful operator, the liquid may be allowed to run too freely, form channels between the particles of the drug, and thus largely fail to properly exhaust it of its medical matter.

This is only an example of almost every process carried on by pharmacists in the preparation of these ordinary Galenical remedies which are prescribed every day by physicians, and relied upon to save human life.

This should render the physician more discriminative and should cause him to insist that his patients shall patronize only such pharmacists as are known to be honest, competent and conscientious. His duty to his patient requires no less; his reputation as a successful practitioner depends upon the quality of his medicines.

If this is the case with the ordinary preparations of the pharmacopeia, for which distinct rules are laid down and complete directions formulated, is it supposed that improved forms of medication, especially studied and peculiarly adapted to special morbid conditions, and which have been proven to possess superior value in these cases can be successfully imitated by every corner druggist?

Consequently, if any physician has demonstrated that some particular pharmaceutical product is far superior to others in therapeutic action and can be depended upon for more successful effects in the treatment of disease, I submit, is it not the duty of the physician to designate such particular preparation by the name of its manufacturer? And is it not also the duty of

those conducting medical journals, whose office it is to spread valuable knowledge in clinical medicine, to faithfully publish all details so contributed, for the benefit of the patient, for whose sake the profession exists, for the advancement of medicine, and in ordinary justice to the writer of the contribution, whose experience cannot otherwise be verified, and whose reputation for competency and honesty is consequently injured?"

THE SKIN.

We are so absorbed in studying the intricate mechanism of various organs of the body that we are apt to forget the wonderful functions of the skin. At the request of a number of medical students, I present this month some facts regarding the skin. In treating skin diseases it is important to have in mind the anatomy of the skin.

The skin is the principal seat of the sense of touch. It serves as a covering to the deeper tissues. It is also an important absorbing and excreting organ. It consists of two layers, i. e. the derma vera or cutis vera and the epidermis or cuticle, which we find upon the surface. The sensitive papillæ are in the cutis vera and beneath it and imbedded in it, the sweat and sebaceous glands. The true skin or derma vera is tough and flexible in order to protect the internal tissues from violence and injury. It consists of fibro-areolar tissues intermixed with numerous blood vessels, lymphatics and nerves. The two layers of the cutis vera are also known as the corion and superficial papillary layers. The corion consists of fibrous bands of the white fibrous tissue, also some yellow elastic tissue, which vary in amount in different parts of the body. The intersections of these two layers are occupied by adipose tissue and sweat glands. The thickness of the corion varies in parts of the body from a line to a line and a half. It is of course thickest in the palmar and plantars, other exposed parts, also buttocks. The skin is thickest in the male. The areolar interstices are occupied by adipose tissue hair follicles, sudoriferous and sebaceous glands. We find interspersed through this adipose tissue, channels through which the blood vessels and nerves are distributed to the superficial strata of the corion and papillary layers. The unstriped muscular fibers are found in the super corion, wherever hairs are found, and also in the sub-cutaneous areolar tissues of the scrotum, penis, perineum and areola of the nipples. The fibres in the latter situation are arranged in closely sectionated superimposed laminae. The length of a papule is about $\frac{1}{100}$ of an inch.

DR. WILLIAM B. MANN,
1570 Asbury Ave. Evanston, Ill.

COMMENTS.

Concerning the statement on page 8 of the January Recorder, I wish to state that the so-called Woodbridge calomel method of treating typhoid fever was devised by Dr. Lesser in 1848, and was condemned by Dr. K. G. Neumann, in his Heil mittel belere erlangen, 1850. Reasons why were given, also a proper and reasonable way of treating the disease.

Any physician who has my electro-magnetic machine and knows how to use it, needs not to perform the cruel and uncertain operations mentioned on pages 26 and 27, January Recorder, to cure cancerous ephithelioma, acknowledged as such at Cook County Hospital, Chicago. The machine is up to date a unicum in its make-up; simple in construction and operati n, just the thing for a physician who would like to heal. No pain, no real inconvenience, although a mighty power. I would give the construction which has cost many years of ex-

perimenting and much money to the public, but I do not desire to enrich sharks. I would, however, give it to a company that is satisfied with 15 to 20 per cent. of the invested sum to benefit the physicians investing.

F. A. BECKEL, M. D.
Sheboygan, Wis.

THE REQUIREMENTS OF THE ELECTRICAL PHYSICIAN.

I have received several letters asking as to the articles required by the physician using electricity in every day practice. As this may be of interest to the Recorder family at large, I will answer in this way.

I have already, in another article, spoken of faradic coils and their essential points, so need not refer to them or to the office outfit again.

For galvanic work the portable battery should consist of at least twenty cells. (If ordinary dry cells or silver chloride cells are used, there should be double this number). The battery should have some means of controlling current strength in fine gradations, and a pole changing switch.

The electrodes for daily use are not of necessity expensive nor elaborate; from personal experience I prefer a few well-chosen electrodes to a large number seldom employed—with very rare exceptions. I have found the following to meet every requirement of a practice embracing every branch of electro-medical application:

1 coil flexible cord.
1 pair small cutting pliers.
1 pair universal handles.
1 neeele holder, plain.
1 needle holder with interrupter.
1 set zinc olives.
1 set copper olives.
1 set gold plated olives.
1 doz. steel needles assd.
1 doz gold or platinum needles
1 bi-polar electrode, divided lateraly (small straight).
1 flat strip of silver for use in fountain syringe.
1 small coil of insulated copper wire No. 20
1 pair stout scissors.
2 or 3 Turkish small towels
2 sponge discs.
1 6-needle holder (of flexible cords and tips).
1 straight electrode for olives.
1 flexible electrode for olives.
1 rectal, 1 vaginal, 1 interuterine and 1 throat electrode.
1 piece wire gauze, 18x18 inches.
1 piece wire gauze, 4 inches wide 3 feet long.
1 roll copper foil, assortment of copper rods, 6 inches long and various diameters.

For an abdominal electrode I employ wire gauze with covering of damp Turkish towel, and wherever I require a pad electrode I follow same plan I use either fine brass wire gauze or what is called aluminum fly screen, using a short piece of copper wire to get close contact.

This makes an outfit readily portable and adapted to nearly all the every-day wants of the physician—as with the use of gauze and absorbent cotton a few various sizes of copper rods, one can easily improvise any electrode required.

W. H. WILLCOMB, D. E. T.,
Brockton, Mass.

SUPRA-RENAL CAPSULE.

Editor Recorder:

I intend to publish a second paper on the use of the supra-renal capsule in organic heart disease. First paper was published in N. Y. Medical Journal Oct. 6th, 1900, pgs. 581-585. Will you kindly ask the readers of your journal to send me the reports of their cases as follows:

I. The condition of the heart and pulse and also the pulse rate.

II. The effect on the heart and pulse and also the pulse rate within ten minutes after the supra-renal powder, three grains, is chewed and swallowed without water, by the patient.

Yours truly,
SAMUEL FLOERSHEIM, M. D.
218 East 46th St, New York City.

Billings, Clapp & Co., the manufacturing chemists, of Boston, now occupy a new and commodious laboratory. They are making a large line of preparations in addition to their celebrated brown iodide of lime. They will send their catalogue to any of our readers desiring it.

The Wisconsin Medical Recorder.

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LEADING ORIGINAL ARTICLES.

ELECTRICITY IN ACUTE DISEASES.

By Dr. W. H. Willcomb, Brockton, Mass.

DIPHTHERIA.

In the treatment of acute diseases, and particularly in those of a contagious nature, we have a field that has thus far received little attention by electro-therapeutians. While the value of electricity is of necessity limited to a small sphere in these cases, yet at times it is most useful in connection with medical treatment.

In diphtheria and kindred diseases there are almost as many methods of treatment as there are individual practitioners, but nearly all agree on the general results to be sought: 1st, to prevent or reduce fever; 2d, to prevent extension of infection; 3d, to arrest or destroy germ-bearing tissue; 4th, to sustain heart action and prevent collapse.

It is as a germicide and antiseptic, together with the stimulative and tonic action, that electricity is of chief value. Properly employed it will avert heart failure or general collapse in many cases where drugs may fail. The local action upon the germ-bearing tissues should not be under-estimated. The effect of the galvanic current upon the so-called "false membrane" is little short of marvelous. The method of employment must be selected to meet existing conditions in individual cases. There are two general methods of employment, which are as follows: In moderate cases I employ as neutral electrode a felt sponge or flannel pad partially surrounding the throat, but carefully avoiding the base of brain; this electrode is connected with the negative terminal. For active electrode use an atomizer with metal tubes which are connected with positive terminal; the atomizer should be sterilized and filled with sterilized water 98 to 100° F. or a solution of potassium permanganate or a solution of ammonium chloride may be substituted. This treatment is of necessity of short duration, hence a strong current is required. I usually employ 18 to 25 cells of dry battery, using a steady current and keeping spray as steady as possible. This is one of the few exceptions to the rule of gradually building up current strength. In this treatment I switch on full current then spray throat as with simple spray. Excellent results have followed in a number of cases.

In the second method I use neutral electrode as in first instance, but for active electrode I use a copper or zinc olive with handle. First spray throat with solution of sodium chloride, then with as strong a current as can be borne pass electrode over every portion of affected tissues, allowing it to rest as long as possible in each position and keeping contact as steady as possible when moving electrode. In this case the general rule of gradual increase from o to maximum and decrease gradually, should be followed.

Where there is extreme debility, with tendency toward collapse, the faradic current is extremely valuable, and has more than once saved life. The method of application is of necessity dependent upon the condition of the patient, but the following is usually successful: Use for inactive electrode a large pad so placed as to involve as large an extent of vertebrae as possible; for active electrode employ sponge disk on an insulated handle, or, better still, let operator wear a wrist electrode and administer current through his own hand. Place tips of fingers upon the left shou der of patient, using current from medium coil and with rapid interruptions; let assistant gradually increase current from o to as strong as can easily be borne by the patient. The current should be mild, yet of considerable intensity. To secure any degree of success the current must be steady, the interruptions even and the coil of such construction as to make strength of current easily and finely controlled. The object is to secure stimulation without muscular contraction or irritation. This can only be done with a fine well-wound coil; the cheaper faradic outfits are worse than useless. After maximum current strength is obtained, operator should move his hand slowly in circles gradually narrowing so as to involve the entire cardiac region. The touch should be light yet firm and pressure regular; it is well to moisten hand of operator with warm saline solution to to insure conductivity. I have found this method of employing faradic current of greatest benefit in several cases of syncope and collapse. In cases where a more general effect is desired, use in place of pad. electrode in patient's hand—or a foot plate (or both with bifurcated cord.)

In several instances where there is need of nutrients I have extended treatment so as to involve upper part of abdomen and have followed current with application to abdomen and thorax of a mixture of olive oil and wine or alcohol. Such is the stimulative effect of the current that absorption is much more rapid than under the usual conditions. I have also used applications of beef extract with good results.

What has been said of diphtheria is equally applicable to any condition where the same needs exist. Whenever from any cause there is a need of cardiac stimulation that will not be followed by reaction, faradization is one of the best, acting more promptly than digitalis, it is even more efficient and in an emergency is equal to glonoin, and can be used with advantage in combination with this drug, increasing and sustaining the effect produced by the drug. As an antidote to heart failure caused by the coal tar products it is one of the best, and more than once has saved a life when collapse seemed inevitable.

The action of the faradic current upon the heart makes it of extreme value in the critical stages of pneumonia and at the beginning of convalescence, though in some stages of the disease and with some patients it must be used with care, it having a tendency to promote contraction of the respiratory muscles and occasionally to such an extent as to make its employment inadvisable, though by care in avoiding the more sensitive areas this is seldom the case.

In asthma the faradic current will often relieve dyspnoea, but current should be from longer coil or from regular high tension coil—with as high frequency interruptions as possible, and it is often advisable to follow application of faradic current with a mild galvanic uninterrupted positive pole. This has a tendency to increase effect of first application and render it more lasting. There is hardly any limit to the employment of electricity in varied diseases of the thorax—almost daily some new use will be found by the practitioner who has studied its results. In perhaps the majority of cases there are instances where drugs accomplish the same ends—but often times electricity is preferable by reason of promptness and a knowledge of its extent as rarely if ever are obscure or unforseen results found to follow its use. If studied and used with the same care as are powerful drugs its results are certain and definite—but carelessly employed or administered hap-hazard it becomes a menace to health and life. Too much stress cannot be laid upon this fact: That electricity is not a weak or uncertain thing, but is among the most powerful of all therapeutic agents, and should be used with caution.

NOTE: This treatise is not based upon theory, nor upon one or two experimental applications, but is the result of observations formed in actual medical practice. I am largely indebted to my former master, Prof. Erbhardt Von Meyher, M. D., and to Dr. E. E. Lawrence for details and particulars as regards the medical reports, the greater part of my ex- in these diseases having been in association with these gentlemen.

In order to get the desired results in diphtheria, antitoxin should be used early and the syringe must be thoroughly sterilized.

SURGICAL TECHNIQUE EMPLOYED AT COTTAGE HOSPITAL.

By Dr. C. M. Johnson, Surgeon-in-Chief, Harvard, Illinois.

DISINFECTION OF PATIENT.

Unless there is some special reason in the physical condition of the patient, the following steps are taken in his disinfection previous to performing any operations:

He receives a full warm soap and water tub bath on the day before the operation. For the disinfection of his alimentary canal he receives two ounces of castor oil, in the foam of beer, directly before taking his bath, and a large warm water enema on the morning of the operation.

On the evening before the operation the skin over the seat of the operation is thoroughly scrubbed with sterile green soap and warm water, then shaved, then scrubbed with strong alcohol, then with sulphuric ether, then with bichloride solution 1 to 2000, then a moist dressing of gauze saturated with a 1 to 2000 bichloride solution is placed over this, covered with paraffine paper and this with absorbent cotton, and held in place with a gauze bandage. Just before the operation this dressing is removed and the surface again scrubbed with strong alcohol.

DISINFECTION OF THE OPERATOR AND ASSISTANTS.

The most important precaution taken is to keep the hands out of pus. In dressing suppurating wounds either forceps or rubber gloves are used so as to prevent the hands from touching pus. The operations are performed early in the morning, especially laparotomies as we believe the patient's power of resistance to shock is better then than any other time during the twenty-four hours, and thus lessens shock and as shock tends to infection,

the greater the shock, the more liability to infection, so we try to avoid it.

Aseptic cases are always operated first, and later those containing pus. In operations upon suppurating cases rubber gloves are used at the present time, but in former years, by taking the precautions indicated above practically no infections took place, although no gloves were used.

At the present time we wash our hands in an ordinary deep porcelain basin full of warm sterile water, using green soap and ordinary mustard with a moderately stiff sterile brush, then we carefully cleanse the finger nails with the point of a dull scalpel, then we scrub them once more with a brush and then with a piece of sterilized gauze in the deep basin, because the gauze seems to rub off all the loose epithelium more perfectly than a brush, then we wash off the soap and mustard under the faucet in a stream of warm boiled water and then with strong commercial alcohol.

The surgeon and assistants wear a piece of sterile gauze so tied on as to include all the hair on the head and another piece over nose and mouth to prevent breath from coming directly in contact with the wound. We are careful not to breathe or speak into the wound. Everyone connected with the operation is constantly on guard to prevent accidental infection of anything which may touch the wound. In order to fix the responsibility I have but one nurse who touches anything coming in contact with the wound; her assistant does anything else that may be necessary. There is one point however, that I insist upon and that is, that everyone connected with the operation must have a smooth, unbroken skin or wear rubber gloves.

DISINFECTION OF INSTRUMENTS.

All instruments except knives, are boiled for half an hour in a solution of a tablespoonful of baking soda to the quart of water, before they are put away after operations, and again before they are used. The knives are washed carefully with pads of sterilized cotton, saturated with alcohol, before and after using.

DISINFECTION OF SILK, SILKWORM GUT, HORSEHAIR, DRAINAGE TUBES AND BRUSHES.

This is accomplished by boiling in water for one hour, and preservation in 5 per cent. carbolic acid in water, or in strong commercial alcohol until used. Catgut is prepared by immersing in sulphuric ether for one month, then for one week in strong commercial alcohol, in which one grain of corrosive sublimate to the ounce has been dissolved, the solution being changed every two days for ten days. It is then preserved indefinitely in a solution of one part of iodoform, five parts of ether and fourteen parts strong commercial alcohol. It is never handled by anyone except my chief assistant and myself. It is never placed in water. This catgut will last seven to ten days in tissues, according to the size used. It is used for all ligatures both in the peritoneal cavity and elsewhere, and for all buried sutures except in hernias and in the closure of wounds of abdominal walls, and in the suturing of bones. For these purposes we employ a chromicised catgut lasting from twenty to thirty days, according to size. This is prepared after the following formula: The catgut is immersed in sulphuric ether for one month, then in a solution prepared in the following manner: Dissolve one ounce of chromic acid in five ounces of water and add to this one quart of pure glycerine. Immerse the catgut in this solution for 72 hours, then wind on wooden boards or ground edged slides, such as are used for mounting for microscopic examination, and place in a solution of one part carbolic acid

in five parts of glycerine for two weeks, then preserve indefinately in the iodoform-ether-alcohol solution, described above. It is important to dissolve the chromic acid in water before adding the glycerine, in order to prevent an explosion. The catgut prepared by these methods is strong, pliable, slightly antiseptic on account of the iodoform absorbed, and is invariably sterile We are careful above all things connected with the use of catgut never to draw our stitches too tightly, for fear of causing pressure necrosis.

DISINFECTION OF DRESSINGS.

All dressings are disinfected in a steam sterilizer. Two hours being given for steaming and one hour for drying. The same treatment is given to aprons, sheets and towels.

DISINFECTION OF EVERYTHING COMING IN CONTACT WITH WOUNDS.

The basins, instrument pans, jars for dressings, etc., are boiled in soda and water for one hour, then wrapped up in sterilized sheets until used. The tables are scrubbed with soap and water and then with 1:1000 corrosive sublimate in water. They are always covered with a double sterilized sheet when in use. The ordinary pads of cotton and of gauze, sterilized in a steam sterilizer are used in place of sponges in all operations.

DRAINAGE.

Drainage is always used in very large wounds such as breast amputations with removal of pectoralis major and minor muscles and axillary glands, also in thigh amputations, usually only for three or four days, never in herniotomies except for strangulated hernia complicated with gangrene, nor in small cleam wounds. The ordinary perforated rubber tubing is employed.

It is always used in wounds which are primarily septic. In abdominal surgery we drain acute appendicitis cases if perforation or abcess-formation has taken placé. Superpubic cystotomy; in pyosalpinx only if there is leakage of pus during the operation. Tubercular joints are tamponed with iodoform gauze. Whenever there is any doubt as to the aseptic condition of a wound we drain. We have found the use of an ordinary leather punch very convenient for making the necessary perforations in rubber tubing.

In the abdominal cavity we use glass tubes closed at the end, having a number of small perforations toward the lower end. A strand of gauze is carried to the bottom of the tube to act as a capillary drain. A piece of iodoform gauze, folded about four double, is placed over the glass tube and the latter with this covering carried down to the point to be drained. In operations upon the pelvic organs it is carried to the bottom of the cul de sac of Douglas. In the treatment of wounds which come into the hospital in a septic condition we frequently employ constant irrigation with normal salt solution.

So far as the welfare of any particular patient, or any set of patients, is concerned, only those facts which practice has shown to be of importance, in order to secure primary union, should be considered, because they will bear directly upon the welfare of a human being who has entrusted himself to our care.

SALT SOLUTION IN TETANUS.

By A. V. Hinman M. D., Youngstown, Ohio.

We were all much gratified to read of the new (?) discovery in medical science a few weeks since, of the use of salt solution. Although its use in medicine and surgery has been amply demonstrated for some years taking the place of the old idea of transfusion of blood from person to person, there

are still evidently new uses for this old procedure.

In conversatoin not very long since with one of the leading physicians of this city, on the subject of the salt solution, the docter told me of a case which was referred to him for counsel several years ago. It was a case of traumatic tetanus, the patient having been kicked in the face by a horse. The attending physician had used all the usual methods of treatment without avail and the patient was growing rapidly worse, when my friend was called in for counsel.

For some reason unknown to him, he said, he advised the attending physician to give the patient normal salt solution both subcutaneously and per rectum. He further added that the patient should have the administration repeated at frequent intervals—as often as he could bear it consistent with comfort. In the meantime of course, he was to continue the usual method of treatment adopted. The physician returned to his patient and acted in accordance with the above instructions. The normal saline solution was given per rectum, subcutaneously and per orem with immediate improvement which progressed to total recovery.

While I am at loss to account for the beneficial action of the salt solution in this case, the intellectual and professional standing of the physician who related the occurence to me is such that I deem truth of the story sufficiently vouched for.

But did the solution produce the recovery? If so, how? Was it by its action upon the traumatism through the blood? Or was there a sufficient effect upon the nervous system, when combined with the other treatment, to relieve the spasm and ultimately bring about recovery?

These are interesting questions which arise not only in my mind but in the minds of the consulting physicians. Was it one of the few cases of tetanus which would have recovered on the usual treatment anyway?

Since the above case occurred, my friend says he is eagerly "laying" for a case of tetanus on which to make further and more conclusive demonstrations.

INSANITY.

By Drs. Pennebaker and Tripp, Pleasant Hill, Ky.

First Paper.

In olden times, an insane man was thought to have lost some mental quality once possessed; we might formulate contemporary understanding to mean that man only allows some sense or talent to become too much developed. This unbalances the genus homo, and he becomes insane. There is developed a disturbance of the function of the brain or a deranged condition of the mental faculties, with or without loss of volition or of consciousness. It has been long recognized that insanity is not a "visitation" or a crime, but simply a disease. The incipient manifestations of a mind diseased, may be so slight and transient as to render formidable its recognition; the uncertainity will be appreciated when weighing the idiosyncrasies and peculiarities of the individual when forced upon our attention by the commission of some overt or criminal act necessitating investigation. This department offers a vast field to the observer who joins a practical knowledge of human nature, to an acquaintance with the higher departments of mental and moral philosophy, as well as cerebral pathology. Here of course the mental physician or "mad doctor", whose professional habits incline him to the ready detection of latent insanity, will be deferred to as an alien specialist. One iconoclastic contributor in venting his opinion says:—"Modern insanity is easily diagnosed,

and it is said to be very curable, especially under hospital treatment: a few doses of animal extract and antitoxin do the work. The antitoxin stops excessive action of all kinds; the animal extract devolops the talent or sense; they produce the ordinary." Insanity is a purely physical disease and as such, is amenable in its incipiency in many cases to treatment. It is in the onset (ruling out macroscopic causes) essentially a disorder of function on the part of the brain. The somatic theory as a basis of insanity is sufficiently well established to require no extended argument. In the incipient as well as fully developed cases of insanity, the lower animal instincts and passions assert themselves and become dominant, as reason gradually abandons its authority. "The insane group and arrange their ideas, carry on a reasonable conversation, defend their opinions with subtlety and even with a rigid severity of logic, give very rational explanations and justify this action by highly plausible motives." (Esquirol.)—Between the bodily conditions and mental functions, there exists the closest relationship, and modern pathologists have proven beyond cavil that the brain may be deranged by reason of a morbid cause of irritation in some other part of the body. Among those vague conditions of mental weakness in which there is a slight derangement of the intellectual powers, yet a decidedly marked development of the will and an excitement of the emotions of a more or less limited kind, we find a variety of interesting psychoses. Man stands so close to the borderland of insanity, that when he takes introspective view of his physical being, he can almost conjure up the phantasies, idiosyncrasies and mental ghosts of his insane personality, and compare it with that of his sane. Many people have premonitions which are nothing more than psychometric impressions, a feeling independent of their physical senses. A capacity to receive impressions aside from the physical senses—we know as intuitions. It is the popular belief in the occult powers of man that the long haired Indian doctor, the magnetic doctor, the Christian Scientist and other charlitans and impostors flourish and thrive upon.

People with very strong opinions and prejudices are seldom those whose mental balance is of the strongest. The hallucinations of great men, spoken of in history, and so well known as metaphor in language, are a common hallucination of the insane. We cannot doubt that the phantasies of such descriptions were in some cases the basis of that firm belief in astrology which not a few persons of eminence formerly entertained. Great men, philosophers who explore the ways of thought far ahead of their contemporaries, must have an inner world in which is passed long and solitary hours. Great men are also apt to have touches of madness, viz., ideas having much in common with the monomania of insanity. Socrates, whose daimon was an audible not a visual appearance, was subject to what admits of hardly any other interpretation than cataleptic seizures, standing all the night through in rigid attitude.

The attempt to reconcile all cases of insanity to the definition given by the medical and legal authorities, often leads to the greatest difference of opinion; under this caption may be mentioned masked insanity. In one instance in which the disease is hidden, not recognized; the other, in which the symptoms, hallucinations and delusions are hidden from the observer by the patients themselves. It is quite within the range of probability that a man whose mind is actually disordered may deny his insanity and shrewdly conceal his alienation. On the other hand an expert assumes a great responsibility when he swears that in his opinion the man is a malingerer and

responsible before the law for his acts. The expression "off his guard," for people indubitably insane, are not rarely encountered who are capable of concealing their mental obliquities for weeks or even months, knowing the vagaries or peculiarities in the estimation of those about them.

We may define or recognize four principle types of insanity, to wit, melancholic, maniacal, delusional and dementia. To consider the protean types in but a cursory manner would be impossible, and the treatment of the subject matter, herein presented, is intended to represent a brief summary of the journal literature of the past twenty years. We can assert the fact that physical characteristics, those distinguishing the human species are transmissible as an inheritance, viz., mental receptivity is transmissible. Insanity as a disease is not inherited, but may be acquired or evolved from a ueurotic heredity. The undue predominance of the nervous temperament and the want of recreation and sleep, tend to a rapid decay of the nervous system and to insanity as a necessary consequence. Intemperance more and more every year is a cause; for the offspring of intemperate parents are growing up in our midst with weakened if not acually diseased nervous systems and will inevitably in time become insane, diseased or idiots. Slight changes in physical health associated with subtle alterations in the structure of the brain, preceding and accompanying remarkable alteration in the moral and intellectual character, will be the revelation to the inquiring physician. The sympathetic influence of constipation not infrequently induces great derangement and may terminate in permanent perversions of intellect or even more distressing alienation. Surgical operations upon the sexual organs are more apt to be followed by mental disorders, than like procedures upon any other part of the body. Such disorders occur just as frequently in men as in women. Occupation is ascribed as a cause:—large numbers of cigar makers are found among the statistics of insanity. The unhealthfulness of the surroundings under which the trade is carried on, a large proportion of the operatives working, cooking and sleeping in the same atmosphere are given as etiological factors. The large number of railroad engineers so affected seems to be due to "over anxiety as to the issue of their journeys, extended to many years of duty. To a man of educated descent these requirements would be easy enough, but to a man whose ancestors have for years been without intellectual culture, such details would doubtless be a heavy task. Thus the penalty for employing coarse brain-tissue in superior work is a breaking down of the whole machine." In England and Wales the proportion of insane among females is greater than among males; this does not necessarily imply that females are the most liable. There is found to be a larger proportion of mortality among males. The excessive population of the female insane is due to what is called accumulation, mainly the result of a higher death rate among males. It is not only not impossible for the insane to simulate insanity for a purpose, in any but its gravest forms of profound mental involvement; but they do actually simulate acts, forms of insanity, for which there exists no pathological warrant in the real disease affecting them. The contagion of insanity, or "Communicated Insanity", viz., that transmitted by association with an insane person is mentioned. M. Robin asks "whether it might be possible to inoculate madness by means of urine?" The insanity of pregnancy and also of lactation should be separately considered and not classed as is sometimes done under the general term puerperal. Strictly speaking puerperal insanity

occurs only during labor, or within ten days succeeding it. The characteristic symptoms of insanity attending pregnancy and lactation are almost identical with those of melancholia.

Melancholia.—During the progress of this mental derangement, delusions associated with illusions and hallucinations appear, and the patient may develop suicidal tendencies. The disease at first seems to be purely a functional condition of the nerve cells. Recurrent attacks of brain trouble due to the uric acid diathesis, always superinduced melancholia, and which proved amenable to appropriate treatment. This instance would demonstrate that the saturation of the blood was the cause of the depression of the function of the brain. In the melancholic form of insanity, the intestinal atony leading to constipation, preceded the outbreak of insanity; hence the old time practice of administering melanogogues. There is evidently some connection between the intestinal functions and the degree of excitability of the cerebro-spinal nerve centers. Suicide among savage and uncivilized races is unknown. At the present time, all suicides are thought to be the result of mental aberration. A person who resolves to kill himself in a particular manner, will wait for months until circumstances favor his preconceived method. If he fails in his attempt however, he will not try the same way again. There is one exception: The suicidal maniac, one who is insane on all subjects, will try the same method over and over again, until he succeeds. Mania may appear suddenly, or follow upon an attack of melancholia.

Homicidal mania: In the instance of a person who kills another on the street without a motive; a certain congestion of the brain and rush of blood takes place. A blow producing haemorrhage (epistaxis) would relieve this congestion; he would no longer be actuated by a desire to murder. Such a person is most difficult to deal with; he is incurable, unlike the suicide. We know that monomaniacs are sane on every subject save one; just so with the suicide—they are in a sense, monomaniacs, consequently insane. Unconscious cerebration has also undoubtedly hurried many souls into eternity.

Monomania—"His physical and mental condition was caused, he says, by a machine, which he described as having numerous hands, which tied his hands, arms, feet and body at different intervals, and was operated by an individual. At other times some individual would let in poison through his chest, which he said tasted like paris green." The point of interest in this case lies in the fact that this state of affairs continued for about twenty years, with but one year of that time spent in an asylum, the balance in the store. No cause of death could be attributed but to general debility or prostration. The pure monomania may exist without any manifestation of delirium.

Pyromania—A child of ten years displayed remarkable dread of fire, amounting to mania. Parentage; her mother of nervous, excitable temperment, though there was no history of ancestral insanity, or grave neuropathic disorder.

Demonomania.—Such outbreaks are rare in the present age. There was an epidemic prevalent in Italy in 1878. The starting point was a simple case of hysterics in a female, dealt with by ignorant priests as a case of "demoniacal possession", and in the end eighteen cases were cultivated. The intervention of the authorities and a proper medical staff quietly put a stop to the extension.

Periodic mania.—Recovered by the administration of quinine.

(To be continued.)

THERAPEUTIC SUGGESTIONS.

By E. C. Rothrock, M. D. Tennessee Colony, Tex.

(Fourteenth Paper.)

SENECIO AUREUS.

Senicio Aureus is known as life root, ragwort, false valerian, golden senecio, squaw weed, and is also called female regulator. Life root is a perennial plant, growing on the creeks and low marshy grounds, found in the northern and western parts of the United States flowering in May and June. It has an erect, smooth striated stem, one or two feet high, and the flowers are golden yellow. The root and plant are the medicinal parts; its properties are yielded to water and alcohol. There are several varieties or species which possess similar medicinal virtues. Senecio balsamitae or balsam groundsel grows on rocky hills and senecio gracilis, unkum or female regulator is found on rocky land. The senecio obvatus is found in meadows and senecio lanceolate is found in the cedar swamps of Vermont. The senecio gracilis is with the senecio aureus the most valuable.

The root is whitish purple internally and has an aromatic taste. Life root is diuretic, pectoral, diaphoretic and tonic having an elective affinity for and exerts a peculiar influence upon the female reproductive organs, hence, the name female regulator. In amenorrhoea, it is very efficient in promoting the menstrual flow, and should be given in doses of twenty drops specific tincture three or four times a day;combined or alternated with savin, it is also valuable in dysmenorrhoea. In menorrhagia, combined with tincture cinnamon, ten drops, or alternated every two hours, it is serviceable either during the intermenstrual period or at the time of ovulation. It is a good diuretic in gravel, dropsy and other urinary troubles; it is also a specific in strangury. In hepatic and pulmonary affections it is very useful. We have freqnently used senecio in such diseases with success. It is of great benefit in dysentery; ten drops specific tincture of life root every two hours will frequently cure without anything else.

Senecio aureus is one of the most valuable agents we have in treating female diseases. In menorrhagia, a profuse flow of blood from uterus at the regular menstrual period which may come too soon or last too long, too profuse and proving very exhausting, give sabina tincture one to two drops every half hour; if nausea and vomiting ipecac tincture two drops in alteration every hour or two will relieve the nausea and control the hemorrhage. In the meantime when these symptoms are relieved, senecio aureus, ten drops, should be administered every three hours. If the uterus be in a relaxed condition, fluid extract ergot thirty to sixty drops every hour or two alternated with life root will aid in stopping the hemorrhage. If discharge is black, lumpy, crocus sativus is of benefit, two or three drops every hour, alternated with chloride ammonia two grains is good treatment. If there be much vascular excitement, flushed face, throbbing of carotids, full, hard, bounding pulse, then belladonna tincture five drops every three hours will meet this or alternated with ipecac tincture two drops or specific tincture of aconite two drops will meet such cases. The bromides act sometimes very nicely. In the intervals of menstrual periods we use with great advantage senecio aureus, tincture helonias, twenty drops of each three times a day. If anemia is present we use iron, and of course other remedies may be indicated. In irregular menstruation, with erratic pain, and scanty flow and sometimes leucorrhoea, we give this:

℞ Fld. ext. senecio aureus ʒiii.
Fld. ext. cimifuga racemosa ʒii.
Fld. ext. pulsatilla ʒss.
Syrup simple ʒij.

M. et. S. A teaspoonful every three hours.

Amenorrhoea, where there is congestion of the head and delirium, tincture belladonna two drops should alternate other remedies. Sitz bath should always be used near or at the the menstrual period in such cases. Apiol is recommended in this trouble, but we have had no experience with it. Where chlorosis or anemia exist, iron should be used and aletris farinosa, helonias dioca, senecio aurens one oz. of each, teaspoonful three times a day is of great use. Catalepsy caused by obstruction to menstrual flow, senecio thirty drops alternated with tincture pulsatilla five drops every three or four hours will act promptly and the flow will come on. Scutellaria is a good remedy in this affection; so is cannabis indica, and artemisa vulgaris which could be alternated with each other as indicated. If catalepsy results from vexation, irritation, anger, bryonia alba five drops alternated with chamomilla five drops every three hours will act well. If from terror of fright, ignatius bean tincture one drop with tincture gelsemiun, green root, fifteen drops every three hours until relieved. Specific tincture belladonna two drops could be alternated with the gelsemium if indicated. In dysmenorrhoea, if the patient is of a scrofulous diathesis compound tincture iodine five drops three times a day in alteration with other indicated remedies will help the cure- Eruption of the skin and suppuration, arsenic is indicated and has good effect. Senecio aureus is a host within itself in all diseases of the female generative organs when used in proper doses and when indicated, giving tone and vigor to those organs.

GLASS CHIPS.

Dr. J. S. Hoskins, of Louisville, expresses in The American Practitioner and News some ideas which we believe should receive attention from the profession. He shows the danger of swallowing, as is certainly done, small particles of glass from glass containers holding fruits, preserves, milk, etc. We have often thought of this and are glad to present the following conclusions of Dr. Hoskins:

Now all these glass articles of tableware, cooking utensils, bottles, pitchers, etc., are daily being nicked by usage, and fine and large particles of glass are daily being incorporated in our food and swallowed unobserved. I am confident that many obscure cases of intestinal trouble, hemorrhage from bowel and stomach, and inflammatory trouble of same, are due to swallowing powdered glass, thus puzzling the physician.

What is the remedy? Insist that our glassware be of the annealed edge variety until a substitute be discovered; that druggists use wood or iron mortars for rubbing up pill, powder, or liquid mixtures; that domestics and housewives exercise greatest care in removing jelly-glass and other lids from glassware, especially those procured from grocers.

Lastly, I would recommend that each household appoint an inspector, and thus the danger would be utterly banished. What I mean is that a member of each household should serve as an inspector. The particles of nicked glass, if examined with naked eye or with magnifying lens, will be found to have sharp, needle-like points or rounded razor edges, that puncture or cut into the mucous lining of the esophagus, stomach, or remainder of intestinal tract, and hemorrhage or inflammatory trouble ensues.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL NOTES.

By M. A. Blanton, M. D. Baileyton, Tennessee.

Try iodide of iron in chronic bronchitis.

Sodium nitrite in $\frac{1}{6}$ grain doses with large drinks of water is an efficient diuretic.

Let me add my testimony to the efficacy of calcium sulphide in aborting boils, carbuncles etc. It will do the work.

Cotoin in $\frac{1}{134}$ grain doses given once every 2 hours is excellent as a tonic to the intestinal mucous membrane, and is remarkably efficient in diarrheas.

I get excellent results in the treatment of black-eye by the use of capsicum annum mixed with equal bulk of gum arabic, and the addition of a few drops of glycerine.

One granule, each, of acontine, glonoin and hyoscyamine every half hour until relieved or until tingling in the extremities and flushing of the face, is an excellent treatment for neuralgia of the face.

A tablet prepared after the following formula is excellent in the alleviation of headache, neuralgia, gastralgia, gastritis and gastric ulcers. It is also useful as an antipyretic.

℞ Acetanilide gr. $1\frac{1}{5}$.
Caffeine (Alk.) gr. $\frac{1}{5}$.
Sodium bicarb. gr. $\frac{2}{5}$.

Give 1 to 2 tablets repeated in an hour if necessary.

Aspirin is a remedy par excellence in the treatment of rheumatism and allied conditions. It is produced by the action of acetic acid anhydride on salicylic acd and is devoid of the unpleasant after-effects of the salicylates. Dose from 10 to 20 gr. repeated for effect.

DOSIMETRIC PRACTICE

By M. G. Price, A. B., M. D., Mosheim, Tenn.

(Thirteenth Paper.)

CROUP-DIPHTHERIA—PART THIRD.

Taylor and Wells advise against the use of nauseants, but the immediate use of a full dose of antitoxin 1000 to 2000 units, and also the use of calomel fumigations; for this take an ordinary chamber-pot, place over this a piece of tin and on this the calomel, 10 or 15 grs. and beneath it an alcoholic lamp, soon the white vapor of mercury arises and fills the tent. This ought to continue 10 or 15 minutes and may be repeated every one, two or three hours. Inhalation of steam is useful, especially the steam arising from slacking lime. Dr. S. S. Bishop, of Chicago, agrees with the above treatment and adds the following suggestions: In the first stage counter irritation over the larynx is useful by means of mustard, or ice may modify the inflammation. A spray of hydrozone may be thrown into the larynx. The mechanical effect of an effervescence is to detach the membrane. Menthol crystals may be fused in a teaspoon over a flame until the air is laden with the fumes, or vinegar may be

inhaled. He advises calomel in half grain doses every two hours. He advocates emetics in the urgent stage of the disease, for the purpose of loosening and expelling the membrane. He recommends turpeth mineral.

Great success has been claimed for a certain homeopathic treatment which has kindly been furnished by Dr. J. N. Mitchell and is as follows. For hoarse barking, dry cough, with fever.

℞ Tr. Aconitis fol. ʒi.
Tr. Spongiae ʒii.

Use this according to age of child from ½ to 2 drop every fifteen minutes until cough loosens. When the cough is loose and the phlegm is interfering with respiration, with occasional spasmodic, barky cough, mix one grain of the one-tenth trituration of hepar sulphur (calcium sulphide) in from four to to six teaspoonfuls of water and give one teaspoonful every fifteen to thirty minutes. We have tried this faithfully, and with fair results.

A writer in the Medical World (by the way these are the workers who will find out the virtue if any there be in new remedies) says that he has tried pilocarpine, iodide of lime, vapor from slacking lime, turpentine fumes from boiling water, coal oil, nitro-glycerine and none have never done any good in any case.

Another writer comes along with a wonderful story of a remarkable discovery of a miraculous cure by a Parisian savant—a specific—got a medal or something or other for it. This writer says he has tried it often and has found it specific for any form of croup, it is a lac sulphur. One teaspoonful of lac sulphur stirred with a wooden spoon or the finger in three ounces of water, a teaspoonful of this given every fifteen minutes until relief. This "lac sulphur" is a form of that article in very minute subdivisions—sulphur is the article meant.

The brown iodide of lime has been highly praised as a specific in membranous croup but of no avail in diphtheria. It is procurable of Billings, Clapp & Co., Boston, Mass. Dr. Beebe says: "I have never lost a case of croup under this treatment, although I have used it for many years. According to my belief, every death that occurs from membranous croup could be averted by this treatment if employed within a reasonable time. I have never known it to fail when it had a fair chance." The iodine appears to be the true remedy in this combinitation. The drug is used as follows: Measure out ten grains and dissolve in four ounces of water; let the superfluous lime fall to the bottom of the container and administer one to two teaspoonfuls every 15, 30 or 60 minutes, according to age and severity; less when the child is out of danger. Don't shake; keep in dark place.

Dr. Lawrence says: "I have used the dark iodide of lime in not less than thirty cases of membranous croup without a single failure, except three in which I was called too late. A pretty good showing for a remedy.

The following is suggested as the dosimetric form of medication in this woeful malady.

Quinine, a full dose at first to prevent exudation, before diagnosis is possible.

Veratrine or aconitine for fever in first stages.

Morphine or codiene to quiet restlessness and save strength.

These are the proper remedies until signs of defective inspiration appear—the retraction of the abdomen during inspiration which indicates that the time for tracheotomy or intubation has come and at this juncture of affairs all other treatment is useless—it is trifling with human life.

Tartar emetic, lobelia and mercury may cause the loosening of the membrane.

Give sanguinarin and senegin to

stimulate expectoration in last stages.

Strychnine, brucine and digitalin sustain the failing heart.

Copper sulph, emetin, apomorphine and mercury subsulph. as emetics may bring up loosened membrane.

ALKALOIDAL THERAPEUTICS.

INFLUENZA.

(First Paper.)

By M. A. Blanton, Baileyton, Tennessee.

We are just passing through an epidemic of influenza or la grippe as the French and common people term it.

The usual manifestations are as follows: It comes on suddenly with chilly sensations, rapidly developed, with hyperesthesia of the surface, and severe shooting pains all over the body, but especially in the back and limbs. There is fever ranging from 100-104° F. with catarrh of the nose, eyes, fauces, pharynx, larynx and sometimes of the bronchial tubes, a strange laryngeal cough worse at night and a peculiar nervous depression out of proportion to the local symptoms. It sometimes ends abruptly by a profuse discharge from the skin or bowels, and often leaves the patient greatly debilitated, with a feeble heart, with laryngeal cough or with a lingering catarrh of the mucous passages. Its duration is from 3 to 8 or 10 days followed by a tedious convalescence.

In treating this malady I take it for granted that influenza is only the name given to the above symptoms in a bundle and so treat it symptomatically. If the bronchial catarrh gives considerable trouble, a combination of atropine, codiene and strychine. If an antipyretic is needed I use defervescent comp. No. 1, one granule every half to two or three hours. For the irritable cough I sometimes use minute doses of morphine with inhalations of benzoin in hot water at bed time. If the stomach is irritable I use small doses of cocaine. When the neuralgia pains are very severe I use antipyrine with quinine. For the nasal catarrh use cocaine in solution sprayed up the nostrils or inserted on cotton. Should delirium, sleeplessness, etc. occur use urethane or morphine. Should cardiac action be weak digitalin, strophanthine and strychnine should be used. I usually give strychnine in $\frac{1}{60}$ to $\frac{1}{30}$ gr. doses from the beginning to completion of convalescent stage.

CORYZA.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

In our article a few months ago we suggested the use of menthol 2 parts chloroform 18 parts, for coryza; rub a few drops briskly between the hands and inhale. Since that writing we have had occasion to personally try the formula. Two such inhalations 15 or 20 minutes apart aborted the attack after its discharge had became profuse. The cure was not after two or three days, but was, so to speak, instantaneous. When you knew what a train of evils follow coryza in our case, (acute bronchitis, complicated with asthma which sometimes lays us up for a month) then you will be able to comprehend our appreciation of a remedy that relieves quickly, surely and pleasantly. Try it.

A VOICE FROM THE PAST.

As many physicians are doubtless aware there is a general movement in progress looking toward the substitution of the alkaloids in medical practice for the cruder preparations in general use. While this is essentially a recent development it is nevertheles simply a continuation of what has been going on for centuries It has not been so long since the voice of conservatism was up-

lifted in protest against the innovators who proposed to substitute epsom salts for the waters of the Epsom spring. Similar opposition has been aroused by every effort to utilize the various salines instead of the waters to which they imparted efficacy. The contest has been revived with each fresh attempt; and it must be said that the weight of authority and even of argument, has been invaribly on the conservative side. And yet each of the salines has been established in the affections of the profession, not directly supplanting the parent water, but making a new field for itself, its uses accurately determined and being employed with precision in numerous ailments in which the water may or may not have been doubtfully prescribed. Setting aside the hygienic advantages of the life at the springs, there is absolutely nothing to account for the use of mineral water today excepting superstition. The modern physician uses the salts, and, unless exceptionally, never thinks of the mineral waters as part of his armamentarium.

The same struggle, beyond a reasonable doubt, was waged over the introduction of pure metals, though this took place earlier, at a time when the results of diversity in opinion from the established belief were fraught with personal consequences to the innovator.

Do you ever look into the medical works of some centuries back? It is well worth while. Go back far enough and you will find yourself among the men who prescribed calamine, orpiment, cinnabar and similar metalliferous ores. When mercury, arsenic, iron and other metals were extracted and used as medicines it was a move towards active-principle medication, precisely similar to that we are now inaugurating. We do not doubt but that, if you have access to the controversial medical literature of the times, you will find therin the protests of the conservatives of that day against these innovations. They would probably read something like this:

"At the late meeting of the Babylon Medical Society, Dr. Nebuchadnezzar, Jr., read a paper in which he called attention to the chemical composition of galena. He stated that it had been found to contain lead, sulphur, antimony, silver, zinc, iron, copper and selenium, besides earthy constituents; that of these metals each had a different effect upon the body, and that in no two specimens of the ore were they found in exactly the same proportions. He showed from the official records that in one case treated with galena the patient became affected with paralysis from the excess of lead present, another turned blue from the excess of silver, a third wasted away under an unusual proportion of antimony; while in every instance in which galena was administered the first few precious days were wasted in endeavoring to ascertain just what effect the remedy was going to manifest; and too often by the time this was determined the opportunity for effective intervention had passed. He furthermore exhibited samples of the metals contained in galena, each in a state of absolute chemical purity, extracted at the great smelting establishment of Shadrach, Meshach and Abednego. Dr. N. showed that the physiologic and therapeutic actions of each of these agents had been thoroughly and most carefully established by many lines of experiment. He proposed therefore that instead of prescribing galena for a multitude of ailments, each of its contained active principles should be administered in such cases as demanded the action of that particular agent, as iron for chlorosis, silver for gastric ulcer, lead for dysentery, antimony for plethora and sulphur for about everything else.

"The society heard the paper through with commendable patience. Dr. Sargon of Agade arose and remarked

that he had listened with surprise to to the reader's remarks; he had employed galena for forty years, believed he knew how to use this potent agent, and didn't propose to learn his profession over again at his time of life. (Applause); galena had been good enough for centuries of his ancestors and was good enough for him; he was no hand at hair-splitting; he gave the remedies indicated, and if the great gods thought best that the patient die, he was not the man to question their decrees, (Great applause); the times seemed to be getting out of joint; and for his part if the time of the society should be taken up with any more such crazy innovations he would vacate his membership.

"As the venerable old man sat down the hall fairly shook with the thunder of applause, which broke out again and again.

"When order had been restored Dr. Kudur Lagamar of Elam took the floor He said he had heard the noble utterances of Dr. Sargon with the strongest sentiments of approval; for his part he could scarcely contain his indignation during the reading of Dr. Nebuchadnezzar's sacrilegious paper. Yes sacrilegious! for who dare attempt to improve on the works of Anu, Bel and Hea? If they had intended these metals to be used separately they would have so created them; as it was they had sent us galena, in which we found the central sun, lead, surrounded with its satellites as in the solar system: and that each of these so modified, aided and corrected it, and each other, as to produce one of nature's harmonies to disrupt and violently ly break up which was to ruin the whole. If galena varied in in its composition so did the natures and maladies of those to whom it was administered, and how could one expect to accurately fit such shifting and uncertain conditions except with shifting and uncertain remedies? (Thunders of applause, uproarious laughter, catcalls, fingers of derision pointed at the unfortunate Dr. N., who appeared crushed to earth by this masterly refutation of his arguments.) Morever, he must denounce as impious this at-- tempt of poor, weak finite man to match his puny reason against the great gods, and for his part he would expect some signal vengeance to fall upon them if they failed to properly resent such impertinence. However, heresy was hereditary with Dr. Nebuchadnezzar, whose ancestor had only been cured of his penchant for innovation by being restricted seven years to a vegetable diet. Indeed he would not be surprised to see the whole Babylonic nation subjected to a second and even more radical course of hydropathy, were they to allow this sacrilege to go unpunished. He therefore moved that the high priest be requested to make a bonfire of Dr. Nebuchadnezzar, and his paper, and that front seats at the spectacle be reserved for the entire medical faculty.

"The motion was put at once and passed with a hurrah, the only dissenting vote being that of Dr. Nebuchadnezzar himself.

"The fete will occur next Thursday. Let there be a good turnout."

Does it sound queer? Yes, but only because we are so accustomed to use pure metals that we wouldn't know what to do with the ores. We would be simply bewildered at having to go back to these complex, uncertain and variable agents; and would say with the conviction that comes from custom grown habitual: "If you want the effects of several metals, mix them yourself to suit your needs."

And that's just what we say about the alkaloids. And just as you now look on the idea of using the crude ores, so will the next generation of doctors look on the use of the crude plants.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

PUERPERAL ECLAMPSIA.

Puerperal eclampsia is so grave an affection, with a mortality of fully 20 per cent. that we are startled to read of fifty-eight consecutive cases without a death. This is the record achieved by the Russian Professor Stroganoff. The remedies used by him are the same as in general use, narcotics, chiefly morphine and chloral hydrate combined and oxygen. He bases his methods on the view that puerperal eclampsia is an acute infectious disease, thus accepting Veit's theory of its microbic origin, which usually runs its course in a few hours, seldom exceeding twenty-four. In the great majority of cases the convulsions constitute the greatest danger, exerting a very unfavorable influence upon the heart, the respiratory center, the kidneys and the general condition of the patient. The plan of treatment aims at (1) the prevention of convulsions by lessening the irritability of the nervous system and by removing all external sources of irritation, especially those connected with the birth canal. (2) The strengthening of the vital processes by careful supervision of the cardiac and pulmonary circulation, by securing as large a quantity of oxygen as possible, and by prompt delivery, if with these measures and with a proper diet the convulsions do not cease. It is noteworthy that he looks upon chloroform narcosis during convulsions as not only useless, but dangerous. During the convulsion the patient suffers from asphyxia, respiration is almost suppressed, and the organism needs most of all oxygen. During a convulsion so little chloroform is inhaled that anesthesia cannot be induced, and by placing the mask over the patient's face we only hinder the entrance of oxygen, for the moment the most valuable of all remedies. He relies instead on the hypodermic injection of morphine, ¼ gr. and chloral, 25 or more grains by rectum, repeated at intervals of an hour or more, so as to maintain slight narcosis for twenty four hours. Delivery of the foetus is effected, if it can be done without danger to the mother or child. Otherwise it is postponed until the general conditions are more favorable. Venesection was never resorted to, the routine administration of pilocarpine is called useless and what we know as eliminative treatment entirely disregarded. The results are striking. Mortality of mothers, 0, as against an average of 24.4 given by fifteen other European authorities, of children 11.3 as against 39.9 in other hands.

THE CHEST PANTAGRAPH.

Professor W. S. Hall has invented a useful little instrument for recording the contours of the chest. It is a modification of the pantagraph as used by draughtsmen. Inexpensive, simple in construction. not easily gotten out of order and accurate in the tracings which it makes, it is sure to prove valuable. It might be used for the delineation not only of the outlines of the thorax, but also of irregularities in other parts of the body, deformities of the limbs after fracture, abdominal tumors, etc. The tracings are made to scale and furnish a graphic record which appeals at once to the eye and reveals all divergencies of the contour from the normal. If adopted as an addition to reports of physical examin-

ations for life insurance they might become exceedingly useful.

TREATMENT OF TUBERCULOSIS BY ELECTRICITY.

The Rundschau for December, 1900, referred to some papers on the subject read before the International Medical Congress at Paris. This brought us an interesting letter from our learned friend, Dr. F. A. Beckel, of Sheboygan, who has been for many years an independent worker in the same field and reports briefly a few cases with excellent results. The doctor, who is very original, has constructed his own electric machine from which he can obtain any degree of power needed and with which, as he says, he can drive iodine through raw beefsteak three inches thick, depositing it on a copperplate on the other side. The remedies which by means of the electric current he brings in direct contact with the foci of the disease are mainly iodine and potassium iodide supplemented by inhalations of formaldehyde. Dr. Beckel takes issue with Dr. Willcomb (see Recorder for January) saying "By my experience since 1854 I find that it is not the same from what source we take our current, (no more than salicylic acid made of the pure oil of wintergreen.) I have tried all possible forms of batteries, the best one in my opinion is carbon with copper, sulpho-bichromic acid for the chemical." The method is rational and we may expect to hear more about it in the future.

LEPROSY CURED BY RATTLESNAKE VENOM.

In the Deutsch. Med. Wochenschr, for Nov. 29, 1900, is a communication by a Brazilian physician in which he reports brilliant results in a number of cases of leprosy from the hypodermic use of a dilution of the virus from the poison glands of rattlesnakes. There were only a few cases, the report being merely preliminary. Interesting are the comments made thereon by Professor Lewin. While not denying the possibility of snake venom being an effective remedy against leprosy he is skeptical and sees in the cases only the manifestations of a general law that any foreign albuminoid substance introduced into the economy may for the time being exert a marked influence on the general metabolism. We will watch for further reports, for there is an increasing number of lepers in our Northwestern states, particularly Minnesota. Our homeopathic brethren, by the way, have for a long time had snake poisons on their list as valued therapeutic agents.

PARTURIUNT MONTES, ETC.

A writer in the Lancet, after reporting a case of cobra poisoning successfully treated by Antivenin, theorizes and finally comes to a few highly scientific conclusions. Here are the first two of them. (1) Great care is required in handling poisonous snakes. (2) The puncture of the fang of a poisonous snake is not to be neglected. Monumental discoveries, worthy to stand at the threshold of a new century.

TYPHOID FEVER WITHOUT PYREXIA.

It sounds almost like an absurd contradiction to speak of afebrile typhoid fever. The writer in a fairly extensive and varied experience with the disease has never encountered such a case. Dr. Charles A. J. Whalen, of Chicago, reports two remarkable cases in the Journal A. M. A. Both presented the typical clinical picture of typhoid, and in both the diagnosis was established beyond doubt by the presence of the Diazo and Widal reactions. In the one the temperature did not rise above 99, in the other it remained nearly normal throughout.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Society news and reports and items of interest are gladly received

STERILIZATION OF THE SURGEON'S HANDS.

Ever since the discovery of antiseptic principles, surgeons have taken various methods for sterilizing the hands. Dr. Johnson, in his article in this month's Recorder, nicely presents the modern methods of antisepsis and gives his method of protecting patients from infection from the hands. In our own hospital work we always first thoroughly wash the hands in hot water with creolin soap, which is not only antiseptic but is an excellent detergent. Then we wash the hands in clear hot water and brush off all loose epithelium, etc. Next we wash the hands in a bi-chloride solution and then rinse this off with clear sterile water. This is one method of getting the hands as nearly surgically clean as it is possible. In the March number of Annals of Surgery is an interesting editorial article on hand sterilization by Dr. John F. Binnie. We quote the following from his article:

"Very thin pliable rubber gloves have been highly praised by many eminent men. The gloves are easily sterilized and are impermeable to moisture and filth. Before donning the gloves, the surgeon cleanses himself as if he was to wear no protectors. Given no great inconvenience from the gloves interfering with the sense of touch, by their interposition, and by their constant pressure on the fingers, given no accident, then the use of gloves is admirable. The hands encased in waterproof material are practically being poulticed; they sweat freely; their epithelial covering becomes sodden; the bacteria always present in the deeper layers of the skin are set free, and the gloves now contain a collection of sweat, epithelium and bacteria. Accidents are liable to happen. The gloves may be punctured by a needle or spicula of bone, or they may be split and much of the collected filth escape into the wound. As long as the gloves remain intact, they protect the patient perfectly from hand contamination; as soon as they are punctured they are sources of great danger. To take the place of rubber gloves various elastic varnishes have been applied to the hands. Several receipts for such varnishes are to be found in recent numbers of the Central blatt fur Chirurgie. The advantage to be gained by using an impermeable varnish instead of rubber gloves is problematical. The same advantages belong to both. Is it necessary to have recourse to gloves? Is it necessary to attain scientific sterilization of the hands? The writer believes that no effort to cleanse the hands should be relaxed, but he also believes that scientifically clean hands are impossibilities and are unnecessary. If the hands are cleaned conscientiously by any of the standard methods, if they are then well soaked in sublimate solution, even if the excess of sublimate is rinsed off in sterile water, a sufficiency of the antiseptic remains in the skin to inhibit the growth of bacteria, but insufficient to do the patient any harm. If the surgeon, during the course of a long operation, rinsed his hands several times in an antiseptic solution and then in sterile water, he removes or inhibits the activity of any

bacteria which may have come to the surface of the skin. As an extra precaution, applicable to many operations, it is wise to follow the lead of Konig and avoid touching the wound with the hands. Konig has trained himself and his assistants so thoroughly in the use of forceps, retractors and the eyes, that he excises the knee-joint in the most thorough manner without any fingering of the wound."

LEGISLATION.

The osteopaths have introduced a bill into the Wisconsin legislature. which they are working hard to have enacted as a law. This bill sets forth that osteopathy is not the practice of medicine and surgery, and yet the announcement of the Milwaukee College of Osteopathy states that "osteopathy is a complete and theoretically perfect system of medicine." This college claims to teach all the various branches of medicine and surgery except materia medica. The osteopaths claim to be able to diagnose and treat all diseases, and if they are familiar with all the branches taught by their college there is no reason why they should fear the present practice act of this state, as anyone thus versed could easily pass the examination of the state board and get a license. We have received from Dr. J. V. Stevens, secretary of the Wisconsin League of Medical Licentiates, a statement of reasons why this bill, known as senate bill 14, S., should not pass:

1. Because there is no necessity for such a law. Every osteopath can secure a regular license to practice the "healing art" in any way he pleases by simply complying with the law, which does not require attendance in any particular school or college, but simply an examination by our present Board of Medical Examiners as to his knowledge of diseased conditions and their expressions. The law fully protects all applicants from an unjust examination. And because we are willing to give the osteopaths every right that they should expect to enjoy as citizens and that they are entitled to as law-abiding men and women.

2. Because it is contrary to public policy to lower the standard of medical or "healing" education and give the special privileges that this bill provides for to a few citizens. (About thirty). The standard in the present law is not less than three years of medical study, (it will soon be four years), while this bill allows men to practice the "healing art" after about one-half of that period spent in the study of a profession which is constantly requiring more of its devotees because of the rapid and important advances being made in the sciences related to it.

We do not charge them with intending to provide a "short cut" to a license to practice osteopathy for those who, failing to prepare themselves sufficiently to secure a regular license, or desiring to save the more than two years difference in time and consequent expenditure of money between their proposed course of study and our required course, but we are sure all can see that it would furnish such an opportunity.

3. Because Wisconsin cannot afford to pass a law that every other state in the Union, that has been asked to pass it, has refused to pass, except in one instance, and the executive applied the veto power in that case.

4. Because the united medical profession of the state, nearly 3,000 in number, earnestly ask you to do simple justice and treat all "healers" alike, applying the same law to each and every citizen in this respect as well as in all others.

And, finally, we are opposed to giving a license to a special school of medicine which confers privileges not granted to the other medical colleges in the state.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

A TEXT BOOK ON PRACTICAL OBSTETRICS. By Egbert H. Grandin, M. D. Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting Obstetric Surgeon of the New York Maternity Hospital; Late Obstetrician of the New York Infant Asylum; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrcal Society. etc., with the collaboration of Geo. W. Jarman, M. D. Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third edition, revised and enlarged. Illustrated with 52 full-page photographic plates and 105 illustrations in the text; 6½x8½ inches; pages xiv–511. Extra cloth, $4.00 net, sheep, $4.75 net. F. A. Davis Company, Publishers, 1914–16 Cherry Street, Philadelphia.

The first edition of this work, issued in 1895, received at once a warm welcome; the second edition, issued in 1899, added to its fame, and now the third edition, enlarged and improved, places the book in a position unequalled in some respects by any other obstetrical work. The numerous plates from life make the book of inestimable practical value to both the practitioner and student. The subject is considered under four heads—pregnancy, labor, the puerperal state and obstetric surgery. Obstetric surgery is considered thoroughly and extensively, and this part of the book will be especially helpful to obstetricians. This edition has been improved by the addition of a chapter dealing with the anatomy of the female generative organs and with embryology. This chapter is concise, but not voluminous, as the intention of the book is to present a clinical guide and not an anatomical work. The authors are well known as expert obstetricians, who know the needs of the profession, and they have prepared a book which every physician practicing obstetrics should have. The work has been revised, so it is up to date and gives the latest advances in obstetrical knowledge. The illustrations are especially fine, and are different and far superior to those in most books on the subject.

THE YEAR BOOK OF THE NOSE, THROAT AND EAR. Edited by G. P. Head, M. D., Professor of Laryngology and Rhinology in the Post-Graduate Medical School of Chicago, and A. H. Andrews, M. D., Professor of Otology in the Post-Graduate Medical School of Chicago. Pages 416. Cloth, $2 net. The Year Book Publishers, 100 State Street, Chicago.

The 1901 issue of this year book has just been published and presents the progress of the past year in these branches. The world's literature has been scanned and abstracts made of everything of importance on these specialties. Abstracts have been prepared from 301 different medical journals and from the transactions of several societies. Every physician interested in any way in these subjects should have this book, as it contains an immense amount of information in a condensed form. No matter how many year books and text books you

have, you will find this text book necessary. The editorial work has been carefully done, and we hope the large amount of labor expended will be appreciated and the publishers encouraged with numerous orders. The book is well indexed and any subject can be quickly referred to.

BOOK NOTES.

"The Anecdotal Side of Theodore Roosevelt" gives sharp, clear views of the strenuous life of our many-sided vice-president in the March Ladies' Home Journal. The witching "Widow and Her Friends," of Charles Dana Gibson's creation, are vivified into stage personages and introduced in a two-act act comedy by Marguerite Merington— a Gibson play with Gibson men and women and Gibson illustrations. "The Only American Girl Who Ever Married a King" recalls the almost forgotten romance of a New England girl who came near to wearing a crown, and "The Loveliest of All Kentucky Girls" recounts the social triumphs of a southern beauty. Edward Bok writes on topics of widespread interest, and Helen Waterson Moody discusses "Girls Who Go In for Something." The fiction features of the March Journal are varied and good.

Success for March challenges attention by a brilliant array of contributors Helen Miller Gould makes her debut in literature through a signed article devoted to the interests of the enlisted men of the army and navy. Ex-Govenor Newell, of New Jersey, tells how a wreck gave birth to the present magnificent life saving service. Edwin Markham's life story is told from the standpoint of achievement, with an early poem of considerable merit. The story of the DeReszkes' marvelous rise from hotel boys in Warsaw to princes of the operatic stage, is the opening attraction. Other good features are supplied by Helen Nicolay, Ella Wheeler Wilcox, Cy Warman, Mrs. Russell Sage, Mrs. Charles W. Fairbanks, of Indiana, Lida A. Churchill, Hon. George F. Hoar, Thomas Wentworth Higginson, Thomas R. Slicer, Marguerite Brooks, F. N. R. Martinez, Henry Irving Dodge, Madame Melba, Miss Julia Arthur and Miss Henrietta Crosman.

The World's Work for the month of March touches every continent, has something new to say on practically every general topic of interest, sketches the men who are doing some of the great things, in fact retails everything that the world has done well during the past month. The magazine lives up to its name in its variety, and then vivifies the workaday world with keen, progressive, American Spirit. The list of contents is too long to be detailed here, but we would especially mention the sketches of Philip Armour, General DeWet and Alfred Harmsworth, the article on Dr. Pupin's new 3,000-mile telephone and the articles on the necessity of honesty in politics and business. The individual who reads this magazine every month will be well informed on current events in all parts of the world.

McClure's Magazine for March has a variety of strong articles. Vice-President Roosevelt contributes an article, entitled "Reform Through Social Work." An interesting article is "What We Know About Mars," by E. S. Holden, formerly director of the Lick observatory. The leading article is a character study of Edward VII., written by George W. Smalley, the American correspondent of the London Times, and illustrated by a remarkable collection of photographs. A number of other articles and several stories make up an unusually good issue of this excellent magazine.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Fractures. The third colored plate in the series on fraciures of the long bones has just been issued by Battle & Co., of St. Louis. This one shows a fracture of the femur just above the condyles. This set of really valuable plates can be obtained free by any of our readers.

Dr. Hodges.—Fred Jenner Hodges, M. D., died at his home in Ashland, Wis., in February, as a result of septic infection incurred while doing surgical work at his hospital. He graduated from the Northwestern University Medical School in 1888, and had a bright future before him.

Lippincott's. A new novel by Maurice Thompson, the first since "Alice of Old Vincennes," appears complete in the March New Lippincott Magazine. "The Native Races of Mexico" is an interesting article by H. S. Brooks. Other articles and a great variety of stories make a bright issue.

In Missouri.—Physicians have gained a decided victory in Missouri over the Christian Scientists and other irregular healers. The legislature of the state has just passed with a great majority a new medical practice act which requires every person who engages in the business of healing in any form to obtain a license from the state medical examining board The examinations cover the entire field of medical science.

Solanin. The alkaloid solanin is found in small amounts in all potatoes, but occurs in large amounts in old potatoes and in green skinned potatoes grown on the surface of the ground. It is well known that green potatoes are poisonous, but not generally understood that there is danger in old potatoes used late in the summer. The poisonous alkaloid develops especially fast in old sprouting potatoes kept in a damp place. The alkaloid causes headache, colic, diarrhea, vomiting and weakness.

Pneumonia. In the treatment of pneumonia, there is a most excellent chance for successful treatment with the alkaloids. Many cases can be aborted by proper treatment in the early stage; this is a fact, even if high authorities do deny it. Aconitine, veratrine, emetine and strychnine used at the right time will give some wonderful successes. While we have the greatest respect for the leaders of medicine, yet we know that Osler and some others make statements which many practical physicians can disprove. There is a vast difference between a city and hospital practice and a country practice.

Good Literature. Modern Culture always contains numerous well written, brief articles, many illustrated, which are just what the busy man enjoys. Some of the articles in the March number are: "Social and Domestic Life of the Modern Greek," "The Chinese Quarter of San Francisco," "Theodore Roosevelt—The Typical Man or the Twentieth Century," and "Ohio's Presidents." Of especial interest to Wisconsin readers is the illustrated article on "The University of Wisconsin" by Prof. P. S. Reinsch. Readers of the Recorder, who are not

taking Modern Culture, are missing a great treat. Please notice our club offer with Modern Culture, and if you are either a new or old subscriber, send us your $1.50 and we will advance your subscription one year, send you Modern Culture one year and our premium labels.

Suprarenal Capsule. The therapeutic value of suprarenal capsule has now been fully established, but one difficulty in using a solution of it is that in a few hours it decomposes and the solution becomes a source of infection whenever used. Various antiseptics have been used in the solution, but they lessen or destroy the peculiar action of the preparation, Dr. S. Oppenheimer, of New York city, reports that he has found in resorcin the antiseptic which will preserve suprarenal solutions without destroying their efficiency. He adds 60 grains of dessicated suprarenals to one ounce of a 1 per cent. solution of resorcin in sterile water. He filters every day the quantity he desires for the day's use, and thus always has a clear solution.

Hemoptysis. Dr. W. A. Kenworthy reports some unusually good results from the internal use of suprarenal capsule in hemoptysis. In seven cases he gives one three-grain powder every half hour until three are taken; then one every two hours until three more are taken; then one three times daily for one week, to be taken dry on the tongue, chewed and swallowed without water. He reports his experience in the Medical Record and concludes: In fourteen cases in which the suprarenal capsule was given to control hemoptysis, in no case did it fail to accomplish its purpose, and in only one case did the hemoptysis continue for 15 minutes after the administration of the first powder, the subsequent doses, although not absolutely necessary, being given as a precautionary measure, as the drug has no deleterious effect, even when its administration is continued for a considerable length of time. In each and every case there was a decided strengthening and slowing of the pulse, a lessening of the cough and expectoration, and a marked improvement in respiration. To sum up, I should say that suprarenal capsule is the most prompt, surest, safest, most reliable drug that we have at our command for the control of hemoptysis, and that its possibilities for the future are many and varied.

Epithelioma.—The abstracts which we published in the January Recorder on the treatment of epithelioma have excited considerable interest and comment on the subject among our readers. The method of treatment used by Dr. A. W. Brayton, of Indianapolis, is of special inierest. In commenting on Dr. W. A. Posey's treatment by means of curetting first and then applying saturated solution of chloride of zinc, Dr. Brayton says: But why not use first the curette until hard tissue is reached; then, second, apply pure carbolic acid to prevent pain; then, third, use saturated acid nitrate of mercury well pressed in for five minutes? Then curette again, and again use the two acids. This triple method—curette, carbolic and mercury nitrate—can be followed for an hour and the entire growth removed before the patient leaves the office. Dress with powdered acetanilide. The writer following Dr. S. Sherwell, of Brooklyn, has used this method in numerous cases with excellent results. It is only second to the actual cautery for superficial epithiliomas.

Asthma.—One great object to be attained in treating asthma is to build up and improve the patient between attacks. If this end can be achieved, then the system is endowed with power (first) to resist the causes which induce an attack; and (second) to endure and undergo the trial. Fellows' syrup of hypophosphites is a direct nervine tonic, supplying to the blood, in easily assimilable form, the salts which are desirable for this end; and also phosphorus in a pleasant form, easily broken up into free phosphorus for the building of the complex nitrogenous fat lecithin so essential to the nervous system.

Skin Grafting.—The editor of Modern Medical Science comments thus on a report of a case of skin grafting: We are often saddened by reports like the above of the brutal operation still persisted in by surgeons who will not learn, or are not permitted to learn from the medical journals they rely on, that the inhuman process of skinning people to plaster a wound over with graftskin is entirely superseded and obsolete for surgeons who take the trouble to be up with their times. The application of a topical blood supply (as bovinine) with a few minute points of skin or callus or skin-scrapings, here and there, according to the technique developed by Dr. T. J. Biggs, has never yet known to fail, on the most extensive wounds, though often practiced for the last five years.

Clinical Notes and Comments—. Dr. T. D. Crothers, Editor, Quarterly Journal of Inebriety, in the January, 1901, number, writes: Antikamnia has become one of the standard remedies, particularly in influenza. It is prepared with various drugs in tablet form, the latest, a laxative tablet, with quinine and some mild cathartics, called "Laxative Antikamnia & Quinine Tablets." All of these forms are very attractive and palatable. We have never seen a case of addiction to antikamnia, hence we prize it very highly as one of the most valuable remedies for diminishing pain without peril. We have used it with excellent results to quiet the pain following the withdrawal of morphia. We have received from this company many complimentary notices showing the vast influence it has secured among regular practitioners. The object of the antikamnia in Laxative Antikamnia & Quinine Tablets besides its antipyretic and analgesic effect, is the prevention of all griping, nausea and other unpleasant effects generally produced by purgatives when administered alone.

Thermol.—Dr. A. B. Shimer in an original article in the Philadelphia Medical Journal, on the treatment of typhoid fever writes as follows regarding his experience with thermol:

To summarize, thermol is an antipyretic of specific effect. In no case was the heart's action at all impaired, but was apparently strengthened. There was in all cases no greatly decreased amount of urine, nor did the skin become exceptionally dry. From my observations, noted here as well as in private practice, I believe that the earliest moment thermol is administered, in any case, and especially typhoid, the prompter the results, and the more specific its action. As an antipyretic, it is harmless, and can be given at any time or in any state, any harmful effect as collapse or the like never being noted. The mode of administration is 0.30 at intervals of 2, 3 or 4 hours, and to be given when the fever begins to rise; and to be continued even after the fever has disappeared, in smaller doses and at longer intervals. No fear of collapse need to be feared. Hence, there is no need of any additional medicine, as whisky or the like.

Tabes.—Dr. A. A. Lowenthal, of Chicago, reports the following case of tabes: Mr. S., age 40; musician. About four years ago patient noticed he was unsteady in the dark. This was followed shortly by shooting pains in lower extremities. He was soon unable to follow his vocation. He tried nearly every known treatment without results. When patient presented himself at my office he showed a typical tabetic gait, lost knee-jerk, Romberg symptom, sphincter paralysis, nearly constant and severe pains, complete impotence and marked girdle sensation. He began treatment September 9, 1899, with eight minims of Roberts lymph compound twice daily and restricted diet. After thirty days pains were less severe and sphincter paralysis of bladder much improved At end of sixty days' patient was able to resume his former position as so'oist in a prominent Chicago theater. His bladder and rectum gave him no trouble; pains very frequent and of brief duration; gait normal. It is now eighteen months since he finished treatment and his gait is normal, eyesight perfect, has no girdle sensation, bladder and rectum normal, sexual power completely restored. Knee-jerk still absent and about every three or four weeks he has a few slight pains which, however, give him no inconvenience. The patient is practically cured.

Vaccination.—Dr. C. Mosely of Henderson, Ky., expresses some original ideas as a result of his own observations. In the Louisville Medical Monthly among other things he says: Contrary to the general opinion, I do not believe that vaccination ever loses its efficiency, and if at all, only to a slight degree; and on the other hand, a recent vaccination, say of two or three weeks' standing, is less protective than one, two or three years, or even twenty or thirty years. I have seen something over 200 cases of smallpox during the last year, and only in five instances has the disease reached the eruptive stage in those vaccinated successfully prior to exposure. Of these cases, two had very indistinct scars, the third had passed thirty years since vaccination, the fourth thirty-five and the fifth fifty-two years; and in each of the above cases the attack subsided with a very slight eruption. By way of recapitulation, I want to state that vaccination never loses its efficiency, and that the immunity is to some extent even transmitted from parent to child, or why the mildness of the present epidemic? That variola and cowpox are not identical, that you may have both at the same time, or either directly following the other—but if time is given, say two or three months for the immunizing agent to do its work—I do not believe that you can inoculate with either.

Syphilis.—Dr. S. C. Martin, the well known dermatologist of St. Louis, summarizes the treatment of syphilis:—The specific treatment of syphilis should begin as soon as the nature of the disease is revealed. There are two drugs of paramount value presented for general use in the management of syphilis; mercury and iodide of potassium. Unfortunately, in some cases, these drugs in the different forms prescribed, are not well borne by reason of special conditions of the patient and are inadequate to meet the demands of these special conditions. The object of treatment is to eliminate or destroy the potency of the virus, remove from the system its products and improve nutrition. The methods of treatment best calculated to accomplish these purposes are the methods to adopt. Local treatment plays a subsidary role and must be governed by the character of local manifestations. Cauterization and antiseptics are mainly indicated. Con-

stitutional treatment must lead in the management of this disease. It is usually adequate for the removal of local, as well as general conditions. The proto-iodide of mercury has been the preparation usually found to be in most common use as an anti-syphilitic remedy, and the iodide of potassium has been considered by most writers best adapted for the removal of syphilic products in the tertiary stage. In anemic and neurasthenic cases with irritable stomachs these preparations are often badly tolerated and besides, do not meet the indications. They do not meet the demands of nutrition, and tonic alteratives are required. We must increase the percentage of hemoglobin and multiply red corpuscles. To accomplish these ends our available means are limited. We have single remedies to meet indications, but their combination does not work. We do not get satisfactory results. In this class of cases I have discovered in a pharmaceutical preparation widely known as mercauro, an acceptable combination to fulfill the indications. It antagonizes the syphilitic virus and at the same time is a tonic alterative, well tolerated by the most delicate and irritable stomach. This is a combination of bromide of gold with bromide of arsenic and bromide of mercury. It is a permanent aqueous solution, and contain 1-32 of a grain of each metal to the average dose of ten drops.

Receiving Patients.—Doctor, have you ever thought of the manner in which you receive your office patients? The success of some men is due largely to their attention to little details such as pleasing manners, neat dress, etc. In the last Optical Journal we found some interesting advice to opticians which applies with equal force to medical men. It is written by the Journal's London correspondent, John H. Sutcliffe, who says;

"Walk this way, please." So said the shopmen, whose nether understanding presented a decided case of strabismus—no wonder the fair customer said that not only did she not want to, but that she couldn't, if she tried. A shopwalker is a very important man. A friend of mine, a well-known physician, once said to me that he really believed that it required a cleverer man to greet a patient than to cure him. I have heard a refractionist say that he always put his best assistant at the testing-chair nearest to the front door, since as much depended upon the correct reception of the patient as upon fitting him with glasses. There are some men who are not in the happy position of being able to boast even one assistant, never name more than one, and such men having to do all the work themselves, are all the more likely to acquire certain forms and habits. And what peculiar ways some refractioners do get into—they acquire a little stereotyped speech, which becomes amusing to anyone who has to remain a listener for any length of time. Some approach their client with the magnificent and slightly condescending air born of an immaculate frock coat and spotless linen.

There are some opticians, not refractioners, who, on the entry of a customer, do not trouble to approach, but gaze over their flat topped glasses at the unlucky person as if he had come to beg a favor, instead of to confer one. I know one young man who could never get out of the habit of saying "take a chair" at the close of every sentence. For instance, he might say to the customer, with an inquiring air, "Eyeglasses? Yes! take a chair." "But I want to see Mr ——, himself". "Ah, yes; take a chair;" and so on, 'till the phrase has become monotonous. One assistant I had, acquired a most irritating habit when

testing of repeating everything that the client said, for instance "I can see E. T. E." "You can see E. T. E? Now, is that better?" "Yes, I can see the next line." "You can see the next line"? You may think this a trifle, but it is extremely monotonous and irritating. One lady once said to me afterwards, "When that young man keeps on repeating everything that I say like a parrot, it irritates me so much that I feel I shall be bound to scream if he does not cease."

Lead Poisoning.—Dr. J. Auriol Armitage in the Birmington, (Eng.) Medical Review writes at length upon his original and successful method of treating lead poisoning by the electric bath. We present his results of treatment and his deductions:

Results.—In considering results, one or two facts must be taken into consideration: (1) The patients are all in lodgings, practically outside control, and in some cases have taken advantage of this liberty to do things which have seriously militated against their rapid recovery. Late hours, drink, and standing on the damp ground at foot-ball matches have caused not a few relapses. (2) Many of them having wives and families practically destitute have insisted upon returning home before they were completely cured. Notwithstanding these drawbacks, Dr. Prendergast of Hanley, in giving the report of the Committee of Investigation in the Potteries last March, credits me with thirty-seven cures, either partial or complete, out of forty cases sent up to that date.

Deductions.—One thing has especially attracted my notice, and that is, that not only are cases of wrist-drop and joint affections very much improved, but some of the most rapid and successful cures have been in those who have had severe colic of long standing, and heart failure. I do not think that the well-known general properties of the electric bath will fully account for the rapid improvement, and I am inclined to think that there is a distinct probability that the lead salt is split up in the body by the electric current, and that the lead forms new combinations. The lead in the body is probably in the form of a lead chloride combined either mechanically or chemically with albumen. This is the conclusion to which Dr. Oliver came after careful investigation. This compound when exposed to a fluid like the blood, would yield a lead chloride which would be carried gradually into the liver and would circulate through the body causing the different manifestations of lead poisoning. Its action on the blood is to materially reduce its alkalinity, and consequently, much less urea and uric acid are excreted. When then a strong constant current is passed through the body, it is conceivable that the lead salt should be split up, the acid being attracted to the postive pole, and the metal forming new insoluble and stable compounds. This would help to explain the black deposit on the bar, owing to the action of the acid upon the copper causing a copious deposit of oxide of copper mixed with organic matters. I do not think that the lead can be rendered more soluble by the electric current and then rapidly excreted, as in this case we should expect to find a temporary exacerbation of the symptoms which I have never observed, nor have I detected lead in the urine, at any rate in any quantity. It is also a significant fact that if a patient who has been cured by electricity goes back to work in lead, he very rapidly falls a victim again to lead poisoning, and this second attack is, in my experience, more severe than the previous one; while I have not yet had a case of relapse after cure in a patient who has not returned to the lead. I feel that this explanation is very hypothetical, and I only hazard it till I find a better.

BRIEF MENTION.

Aspirin for rheumatism.

There are four hundred lepers in France.

Success often means doing the very best you can.

Good artificial teeth can now be made of paper.

Do you ever want to get rid of pus? Then use hydrozone.

Do you ever need a reliable hypnotic? If so, use bromidia.

Ligate the funis with Dr. Kellogg's elastic rings. Sample free.

For many skin diseases lanikol is invaluable. Send for sample.

When treating anemia always remember pepto-mangan, Gude.

Are you using Colden's liquid beef tonic? Many successful practitioners are.

Hagee's cordial of cod liver oil is pleasant, efficient and easily assimilated.

Formaldehyde has recently been used by several clinicians in solution in glycerin. We have used it in glycerin and found that in this form It is not as irritating as in water.

When you want good surgical instruments and appliances use Sharp & Smith's.

For your neurasthenic patients you will find nothing superior to Daniel's passiflora.

When you have patients requiring complete rest of body and mind, send them to the Alma Sanitarium.

If you want to cure your cases of epilepsy, write Dr. Towns, Fond du Lac, Wis , and he will help you.

When you want fine pharmaceutical preparations send your order to the H. M. Merrell Co., Cincinnati.

Are you familiar with the various maltzyme preparations? If not send for samples at once and give them a trial

Use Abbott's saline laxative in all your surgical cases and you will be sure of good elimination and have no toxemias.

We find campho-phenique liquid and powder very useful in daily practice. They have antiseptic and analgesic properties peculiarly their own.

Over one thousand bills have been introduced in the present session of the Wisconsin legislature; most of them needless and useless.

Local anesthesia for minor surgery can be obtained by injecting dilute hydrogen peroxide into the skin. The pressure of the fluid and of the gas generated produces the anesthesia.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

COMMENTS.

In the February Recorder Dr. F. A. Beckel, of Sheboygan, says anyone having his electro-magnetic machine and knowing how to use it need not resort to the cruel methods referred to on page 26 of the January Recorder. These references are to the applications of arsenious acid, pyrogalol, and sun light, and with the knife these constitute the most general methods of dealing with epitheliomata. Dr. Beckel says the machine is simple in construction, and operation; just the thing for a physician who wants to heal and give no pain, no real inconvenience. He further says he would give the public the benefit of his labors, but he does not like to enrich "Sharks;" though he would give it to a company who would be satisfied with 15 to 20 per cent. of the invested sum to those investing.

This is not unlike a statement appearing in the Medical Brief some time last summer from Dr. Floyd Clendenen, of La Salle, Ill., wherein he claimed that he was curing cancerous diseases by the hypodermic use of a solution he had prepared, after much experience and attention to the subject. Being excessively anxious to know the real truth in Dr. Clendenen's case, I sought information through disinterested channels, but sought in vain; and to this day I have only his statement as the basis of my knowledge relating to the use of anticancerous solution by Dr. Clendenen. Having lately returned from St. Louis, where Dr. Lanphear tied the temporal artery, removed an ear, and two lymph glands, and having some years ago destroyed, by caustics, a similar growth on the opposite side of my neck, where small growths are now appearing, it behoves me to exhaust every means of information relative to this subject. To this end I to-day addressed Dr. Beckel asking fuller evidence of the value of his method.

I have closely scanned the medical journals and have a reprint of Dr. A. R. Robison's contribution to the New York Medical Record of March 31, 1900, as also a contribution to the same journal in June of same year from Professor Trunecke, of Prague, all of which point to the superiority of arsenious acid, in cases where caustics are applicable. Doctor Robison advocates the use of some solution which would penetrate the open lymph channels, after the use of the knife and destroy epithelial spores, which would otherwise proliferate and induce a reappearance of the disease. He does not state what this solution should be —though he says it need not interfere with the healing of the wound by first intention He says however he is experimenting on this line and has hope of reaching an antidote for cancer some day. That arsenious acid has a selective affinity for the cancer cell both Professor Trunecke and Doctor Robison agree, and the idea is sustained by a prevalent popular belief.

There is very much being said nowdays in the medical journals relative to the use of proprietary medicines. The true physician looks carefully over his patient, and as carefully over the means at his command to improve all the conditions so that the surrounding may be bettered in every possible way. If in doing this it should be that his mind reverts to a pharmaceutical combination which his knowledge of its constituents leads him to believe will meet part or all the indications, it is

perhaps as well to employ it as to write out a prescription and have a less competent person prepare it. This is a plain world and the most direct and certain way of doing good is the best way. "Resist the beginning of evil" in the most direct way.

J. H. CRAIN, M. D.

Beechwood, Ill.

MARRIAGE LAWS.

Editor Recorder: I am glad to see that your State Legislature has taken up the subject of inter-marriage relations between contracting parties having had syphilis or consumption. The law should require all physicians to register such cases to health boards and county clerks, which should act as evidence and a bar to the issuing of marriage license, and the law should punish all keepers and renters of houses of prostitution or immorality, to prevent our youth from exposing themselves to these dread diseases, and to protect health and virtue of manhood and womanhood. Let every state enact such wholesome laws and the term of life will be lengthened by pure parentage in the protection of unborn childhood from filthy and rotten diseases of misery and disgrace entailed upon the purely innocent.

DR. W. H. GRAY,

Michigan City, Ind.

QUACKERY.

PRIZE ESSAY ON ITS DANGERS.

The Colorado State M dical Society offers a prize of twenty-five dollars for the best essay, if deemed worthy of the prize, pointing out the dangers to public health and morals, especially to young persons, from quackery as promulgated by public advertisements.

The competition is open to all. Essays must be typewritten in the English language, and submitted before May 15th, 1901. Each essay must be designated by a motto; and accompanied by a sealed envelope, bearing the same motto, and inclosing the name and address of the author. The essay receiving the prize will become the property of the Society for publication. Others will be returned on application. Essays should be sent to the Literature Committee, Room 315 McPhee Building, Denver, Colorado.

EDWARD JACKSON, M. D. Chairman.

TO THE PHYSICIANS OF THE UNITED STATES.

The National Woman's Christian Temperance Union has been active for twenty-seven years in combating the evils of alcoholic liquor drinking. Among its most effective allies have been those physicians who do not prescribe alcoholic liquors, allowing alcohol a very limited sphere of usefulness, or none at all.

We are endeavoring to bring the teachings of such physicians to the people and we believe that much good is being accomplished thereby. It is apparent, however, that if the evils of liquor drinking (ill-health, poverity, insanity and crime) are ever to be fully abated, the medical profession must take a more active part in this much desired reform. They more than others, can disabuse the public mind of old-time errors concerning the use of or necessity for alcohol, either as a beverage or for medical purposes. It would seem to be the duty of those to whom the public looks for guide in all things pertaining to health, to continue to make the most careful investigations of the nature of alcohol and its effects upon the human system and to see to it that their medical practice and teaching, as well as their personal example, is upon the side of safety.

The New York School of Clinical Medicine, a postgraduate college for physicians, has just now opened a new

department for the study of the constitutional effects of alcohol and other drugs.

An eminent Russian physician, in a paper read before the International Medical Congress; held at Moscow, August, 1897, said: "The struggle against alcoholism merits as much attention on the part of the medical profession as that against the various epidemics, and the success of the struggle is impossible without the active sympathies of the medical profession."

Realizing the truth of the foregoing statement, the National Woman's Christian Temperance Union, at the beginning of this new century, appeals to physicians to aid in the efforts being made to remove as far as possible all tendencies and temptations toward the formation of the drink habit. The medical profession can wield a powerful influence by bringing to the knowledge of the people the consensus of scientific opinion and practical observation, on the disastrous results which follow the habitual and indiscriminate use of alcohol.

Particularly would we ask physicians to warn parents against the home prescription of alcohol and against the use of proprietary medicines containing alcohol or other narcotic drugs, by showing them the danger and by teaching them a better way.

We respectfully ask that this appeal be published in all medical journals and that it be brought before national, state and county medical societies, for discussion.

With profound respect for your honorable profession, and with hope for your active co-operation in this work, we are,

Sincerely yours,

LILLIAN M. N. STEVENS,
Pres. N. W. C. T. U.
SUSANNA M. D. FRY, Cor. Sec. "
Evanston, Ill.

SOME SUGGESTIONS ON THE MANNER OF USING PROTARGOL.

Having passed the experimental stage it may now be safely asserted, on the ground of the remarkably extensive literature published, that protargol is one of the most important additions to the materia medica of recent years. Aside from its general use in the treatment of gonorrheal affections it has to a great extent displaced nitrate of silver in the diseases of the eye, ear, nose and throat. To obtain uniformly good results attention has been lately drawn to the importance of exercising proper care in making the solutions, a point which has been especially emphasized by Professor Neisser. A clear and satisfactory solution can be secured in any one of the following ways: Stir the protargol powder into a thick and smooth paste with a little cold water, and then add the bulk of the fluid. This should be done in a glass or china vessel, using a glass rod; if in a mortar, the latter as well as the pestle should be slightly moistened with a few drops of glycerine. Protargol may also be readily dissolved by dusting the powder evenly upon the surface of the water and allowing the fluid to stand without stirring for about ten minutes. It is very essential that only cold water should be used in making the solutions, as with warm water the drug is to some extent decomposed, and then becomes less active and may cause irritation; for the same reasons the solutions should be preserved in dark colored yellow bottles. In acute gonorrhea the average strength of the solutions range from one to ten grains to the ounce; in chronic urethritis, up to thirty grains; in diseases of the eye, ear, nose and throat, ten to sixty grains; as an application to wounds and ulcers, 1 to 2 per cent. solutions and 5 per cent. ointments are in use.

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LEADING ORIGINAL ARTICLES.

NUCLEIN MEDICATION IN SCARLET FEVER.

By John Aulde, M. D., Philadelphia, Penn.

Medication in scarlet fever is a topic always interesting to the general practitioner, and as a consequence, a vast amount of data more or less valuable has accumulated. At the present time the recognized teachers in therapeutics appear to be divided into two separate camps, one recommending that each symptom be treated, that every threatened pathological change should be anticipated, and that the patient shall be constantly more or less under the influence of drugs. On the other hand, are the pessimists and therapeutic nihilists, who insist that no treatment is productive of amelioration, and that all so-called specifics have proven absolutely valueless. However, there still remains a respectable minority devoting attention to the extreme claims put forward on both sides, and while not altogether medical agnostics, the minority await with some impatience a demonstration by the crucial test of clinical experience.

Except in the matter of details as to nursing, dietetic and hygienic regulations, there has been little or no advance in the methods of treatment within the past decade, that is, in respect to special treatment of the disease itself—so far, there has been offered no serum for scarlet fever. As regards complications, however, owing to our improved knowledge of pathological conditions, there have been important advances, and I believe that with the application of known physiological principles there is now an opportunity for decided improvement in the clinical management of the disease It is this condition of affairs and the favorable outlook which prompts the present contribution, because I am convinced that we have now reached a stage in therapy when the course of the malady can be better controlled than ever before, and further, except in isolated cases, complications may be avoided. As to the nature of the poison I shall make no comment, except to point out that its effect upon the tissues is such that we should aim to conserve the forces of Nature by every legitimate measure that is practical.

This is a proposition which gives special significance to the study of cell function as a factor in the treatment of disease, because we have here to deal with an unseen, and for all prac-

tical purposes, an unknown antagonist the effect of which is to arrest or suspend cellular activity, in consequence of which elevation of temperature ensues, a pathological condition which clinical medicine is frequently unable to counteract, except at the expense of the patient's vitality. The question which presents itself to the medical attendant in the case of scarlet fever is somewhat complicated by reason of the contingencies involved, as will appear from the following synopsis:

(1) Severe throat complications are bad.

(2) Delayed eruption and glandular swellings serious.

(3) Albumin and blood in urine, grave.

(4) Inherited tendencies exert a marked influence.

(5) Cold baths for hyperpyrexia (temperature of 105 to 106 F.).

(6) Stimulants for delirium and rapid pulse

Although the superstructure erected is incomplete, it is sufficient for our present purpose, since it enables me to propose certain improvements, based upon strictly modern physiological principles, as a working hypothesis, and the intelligent reader will not demand that I shall reply categorically to each of the foregoing specifications. The conditions may be referred to as a group, when we shall see how they can be dealt with through the clinical management of the cellular activities.

Taken in the early stages of the disease, the prominent symptoms are confined to high temperature, rapid pulse rate, sore throat, and frequently vomiting; delayed eruption is not at first a factor, nor is it usual to notice any kidney symptoms, and while the high temperature is really a conservative process, conducted in nature's method, it results in harm, and requires management. The condition of the patient demands increased oxidation, but not at the expense of the vitality; hence, we endeaver to reduce temperature to a moderate degree by the employment of vascular sedatives, such as gelsemium or veratrum, according to the character of the pulse; or by the administration of remedies which are supposed to act upon the heat-producing centers, like the coal tar products For this purpose acetanilide, combined with bicarbonate of soda and guarded by a suitable cardiant like caffeine, may be used, provided it is first dissolved in hot water. The free use of aconite should be condemned, because, although it is of service in lessening the throat manifestations. aconite having a selective action upon the nerve supply, its continued exhibition tends to paralyze the motor ganglia of the heart. Its favorable influence is further manifested upon the cellular structures of the throat, since the relief of pain favors the elimination of waste products, the causation of pain; on the other hand, by securing systemic sedation by the remedies mentioned, general elimination is effected, and as a consequence, greater benefit results. Sedation is required for a shorter period, general elimination promoted and motor paralysis of the cardiac ganglia avoided, a most happy combination indeed. Moreover, the dangers from hyperpyrexia have been thus anticipated in the beginning, so that in case we are able to maintain this condition, serious factors, such as glandular swellings, albuminuria, hematuria and delirium are not likely to appear. Another point before leaving this part of our subject, in which I am teaching contrary to the canons of medicine, I want to add that a chill is in fact a conservation of energy, its beneficial effects being entirely demonstrable upon a strictly physiological interpretation, presently to be elucidated. Of course, I shall be accused of heresy, but I am not willing to abide by the generally accepted maxim of a

well-known politico-literary agitator, in the following words: "It is the canon of philosophy not to ask for unknown causes when known causes sufficiently explain the event."

Probably such questions as follow will be asked: What treatment shall be directed to the condition of the throat? Are there any measures to be adopted looking towards securing an early and free eruption? Is it possible to introduce into the routine treatment remedies which shall enact the role of "stimulants" so that the delirium incident to cellular inactivity can be reduced to the lowest possible limit, taking into consideration the presence of such a formidable disease?

In the treatment of young persons, it is always practical to administer the sedative remedies mentioned freely, provided the medicines are given in small doses at short intervals, and the effect watched by an intellegent mother or reliable nurse. While securing sedation it is also practical to pursue direct treatment, the following plan being suggested under ordinary conditions: For the condition of the throat, as an antiseptic for the stomach contents, and also for its stimulating effect upon the liver, which is a most important ally in the treatment of nearly all forms of disease, the employment of mercury biniodide is recommended. A child two to five years of age should have one-five-hundredth (1-500) grain every ten minutes for an hour together with hot drinks, plain water, weak tea, or some suitable mucilaginous drink. At the expiration of the first hour the frequency of the dose is diminished to one or two hours. I strongly advocate the use of tablets or granules in which case, both remedies can be taken at the same time. Next in order comes the necessity for promoting the elimination of waste products, and this is accomplished by the administration of nuclein (from animal sources), either by the mouth or hypodermically. Nuclein has the advantage that it favors oxidation in a normal manner, besides promoting elimination through the proper channels. Indeed, so thoroughly has nuclein medication in scarlet fever revolutionized the treatment with those familiar with its action that they scarcely ever think of possible complications, and I have personal knowledge of physicians who do not deem it necessary to report cases as directed by law. In the forthcoming new edition of *"The Pocket Pharmacy" I have added a section upon nuclein, and take the opportunity of quoting here the paragraph on scarlet fever, as follows: "To secure immunity against the disease, a child five years of age should have ten drops of the medicinal solution every two hours for the first day after exposure, then at intervals of four hours for at least a week. However, treatment of the disease by nuclein is about as simple as immunization, patients being convalescent at the end of a week. Throat symptoms quickly subside, vomiting ceases, while the eruption appears and begins to fade so rapidly that the medical attendant can scarcely believe he has to deal with a malady hitherto regarded with such dread. A child five years of age should have two tablets every two hours, or its equivalent in the form of the solution, for the first three days, after which the intervals may be lengthened. Complications are so rare that treatment need not be considered."

That nuclein medication will create and maintain an artificial leucocytosis within certain limits has long been known to those who have taken the precaution to investigate the clinical phenomena observed, and it is to this physiological property that is due its clinical value in modifying the throat symptoms, in promoting the early appearance of the eruption, and indi-

*D. Appleton & Co., New York

rectly it becomes a general systemic stimulant through its influence upon cellular activity.

Reverting now to the suggestion that a chill enacts the role of a conservator of energy, I should like to combine with that idea a new proposition relating to scientific medicine, selecting for my illustration the arsenite of strychnine. I referred to this subject in the briefest possible manner in the first edition of "The Pocket Pharmacy," merely for the purpose of making the record, expecting at some future time to develop more fully the notion that I then entertained concerning its clinical properties when viewed as a stimulant in the production of molecular vibrations. The following is the paragraph referred to under the head of "Scarlet Fever;" "Strychnine arsenite is indicated during the later stages and in convalescence, especially where we have to deal with paralysis."

While under ordinary circumstances there is not the slightest suspicion that anything is covered up, it is, nevertheless true, when we come to study critically the subject of cell medication, that the physiological action, or more properly, the mechanico-physiological action of this remedy is coupled with important functions in respect to the cells individually and to the cellular structures as a whole. Whoever has employed the drug must have noted that the good results were entirely out of proportion to the probable effects of so small a dose, although they have doubtless overlooked the possibility that these good results might be due to the influence of the remedy upon the molecular activity of the protoplasm. However, that is the way it appears from my point of view.

Strychnine arsenite is a wonderful "tonic," because its action extends to every protoplasmic cell in the body. It is the most valuable adjuvant to the up-building of the system known to medical science, but it must be used with discretion and caution, else fatty degeneration will follow. With suitable exercise, together with medication, the most remarkable results are to be achieved in muscular development, and that too, in a comparatively short time.

Now, my impression is that a chill is but another form in which molecular vibrations are transmitted through cells, waste matter being eliminated just as in the case of the administration of strychnine arsenite. Dancing is another illustration of the stimulant effects of molecular vibrations transmitted through cells; the mediocre conversationalist becomes the eloquent orator in consequence of the stimulating effects of molecular vibrations through nerve cells; and so a long list of practical and confirmatory illustrations could be presented in support of this theory, but space forbids further discussion at present.

Edgewood Farm, Kennett Square, Pennsylvania.

INSANITY.

By Drs. Pennebaker and Tripp, Pleasant Hill, Ky.

(Second Paper.)

Puerperal Mania—Oftimes there is to be traced an hereditary predisposition; again it appears in very young primipara. There is manifest great mental and nervous depression; the duration varies, it may continue a lifetime. In other cases it is amenable to treatment after twelve months; it is not very often fatal. The secretion of the mammary glands and the lochial discharge will be found arrested, or at least diminished. There is no occasion to resort to the asylum in acute cases, if the patient can be isolated at home. The baby should be taken from the mother, both for the child's sake and to prevent aggravation of the malady in the patient.

Inanistic Insanity — Emminghaus maintained that, owing to its causal relationship to widely different forms of insanity, it was not proper to speak of it as Skae did, as a special form of insanity. According to Skae, the chief symptoms giving to the whole case distinct features are: Exaggerated self-feeling; conceited, shallow introspection; frothy, emotional religious notions; and a restless, unsettled state, with foolish hatching of philanthropic schemes. After Luther Bell and Isaac Ray, we find: A tendency to dementia; also a loss of self-respect, a sulky, mischievous and dangerous disposition, and a subjectively irritable and depressed state of mind. In those who had masturbated between the fifth aud tenth years the effects seemed to be manifested chiefly in arrested brain nutrition. These forms variously presented in the subjects of masturbation, discovered no essential difference from the typical psychoses They should therefore be designated as melancholia, mania, stupor, etc., from masturbation, not as masturbational insanity.

Alcoholic Insanity—In the dipsomaniac the appetite is not a normal one, and in many cases it is an inherited as well as a cultivated vice. The defect in development is mainly confined to those mental qualities concerned in the relations of social and civil life. The boldness and impetuosity of this conduct suggest disease and failure of the brain to realize the nature and consequence of acts of every day life. This is a true neurotic disease, characterized by the loss of self-control over a dominant propensity in the subject to it. The intellectual and moral peculiarities of the patient, all showing an intimate relationship, if not identity, with insanity. Alcoholic liquor produces an anaesthetic effect upon the cells of the brain; it blunts sensibility and stimulates the system for a short time to soon die out, leaving the subject more debilitated than ever. After long indulgence in drink, the habit becomes a disease, which powerfully affects the nervous system. A craving for alcoholic liquors is created and in most cases a crazed mind. To manufacture alcohol, a fermentation is first necessary, followed by a destructive distillation, which destroys the nutritive properties of the grain. There are subtle poisons used to furnish cheaper liquors, which are more poisonous and affect the mind and body more profoundly. These concoctions sold now so derange the mind that it is common for men intoxicated to commit theft, murder and rape. That alcohol is a poison without cocculus indicus, opium and tobacco, needs no demonstration. There is a condition arising from sun stroke, a blow on the head, or any other injury, accompanied by some form of mental or moral insanity, due to structural alterations of the brain. Traumatic dipsomania often is amenable to surgery.

The crimes committed by inebriates have always been regarded as entirely within the control of the person, yet when carefully studied, appear like the acts of a maniac controlled by a blind, irrisistable impulse. In England it has become an established doctrine that a crime, however deliberate it might have been, and however full of knowledge and cunning, if it depend upon insane delusions, can't be judged as if it were the act of a responsible person. A delusion is "a false judgment of objective things, the result of an abnormal brain," by no system of logic to be dispelled, and is evidence of insanity. The delusional insane learn to conceal the slightest mental warping, but it is only a question of time before their malady leads to some frightful deed, ofttimes for which he will not be responsible in equity. Monomaniacs are especially capable of masking their delusions. The or-

der in which this train of symptoms present is constant, long continued inebriety, consequent hallucinations of hearing and ultimately delusions of persecution and conspiracy. With the cunning of these unfortunates, the auditory hallucinations dwindle into rare acuity of the sense of hearing.

It would be well to restrict the designation criminal insane to those leading criminal lives or to those manifesting criminal inclinations before having their sanity called to question. Professional criminals are not generally easily affected as the subjects of a true cerebral monstrosity, which, according to Dr. Bardier, is sometimes the result of an evolution previous to birth, and sometimes a direct consequence of a pathological process subsequent to birth. A man may become criminal solely because some affliction of his brain or cranium was left unattended to at the beginning or during his childhood, exactly in the same manner as a man remains lame and deformed for life if an affliction of the skeleton or marrow were neglected in proper time. A measure to lessen the race of criminal insane is offered by proposing to lessen the mental and physical legacies that are bequeathed to prosterity, by restricting marriage among this class so the propagation of insanity and crime may be correspondingly diminished. At one of the large state hospitals for the insane nearly 12 per centum of the male patients were criminals. If there is anything in the whole range of public charities which calls more loudly for public attention, it is the crying shame of placing the insane, with the criminal insane, in the same hospital or asylum ward; this without enumerating the hundred ways in which close contact with the latter class disturbs the proper hospital treatment of citizens, who in no way have merited this close contact. Ordinary patients will not conspire against those in charge, as will this latter class; these criminal patients constantly clamor for release, fully appreciating that the head of the house is the arbiter of their fate and that his opinion alone stands between them and their freedom.

The law committing patients to the asylum, the trial by jury, is humiliating, offensive and hateful to those of the insane, who have not lost all perception and sensibility. It is also odious to the family and friends who strive to evade it. Matters of the most serious character are apt to be discussed in general conversation in the lightest strain It is hardly remarkable, therefore, that pain, sickness, sorrow and death, are to some who have not known them, no more than means of pleasantry and nostrums for the cure of an idler's leisure. The remedy for this adjudication of the insane has been fully discussed in the medical journals. Purposeless crimes may be unconsciously committed by persons under the influence of masked insanity, or by abeyance of cerebral function. How much of human misery and wretchedness arise from concealed and undetected mental alienation, so inimical to the moral and social well being of the race. Deprived by due process of liberty, the pursuit of happiness, the control of property and the rights of citizenship, the term incarcerated can hardly be applied to the inmates of the asylum, when the specific design has been to eradicate every function of perverted nature.

Treatment—But little can be said of the treatment of this mental affection, as it is properly relegated to the specialists at the asylum. The non-restraint system, as practiced in the insane hospitals, is peculiar to the American school. Inmates, many violent and noisy, making them difficult to control, are placed under surroundings where this more human practice is carried out. Here, however, the doctor reserves the right to restrain, either by the usual

devices or by administering sedatives. The commissioners in lunacy very properly regard "wet-packing" as a form of restraint and insist upon its registration, as such, in the medical journal of any asylum in which it is used. This, so that the treatment which is a valuable remedial measure in certain cases of mental disease, will not degenerate into a primitive infliction. Here may be mentioned clitrophobia, a term used by an Italian writer to designate suffering from a cerebral affection resembling agarophobic, which consists in a marked horror of being confined in a close place. No doubt the restraint system is often responsible for interrupting or destroying the progress toward recovery, but the remedial measures directed to inhuman customs will become a part of the natural evolution of alien medicine. The system of "Ducking"—In the report, indictments, (grand jury) were found against certain employes for assault upon the inmates. "Unable to declare that they were not neglectful of their duties, as wanting in their efforts for the comfort and restoration of those entrusted to their care," was the result of the examination. Harsh treatment may be at times obligatory on the part of employes, and often there is foundation for such charges. Antikamnia has been repeatedly prescribed for various neuroses with good effect. Where opium is objectionable, to quiet paroxysmal attacks, nervous and hypochondriacal, or to relieve the suffering from intense pain, the effects have been little short of magical, persistent, and followed by no digestive disturbance. A most promising sign of approaching recovery: "When a lunatic will admit that he is, or even has been insane."

The prognosis in the insanity of pregnancy and lactation is favorable, recovery taking place at the end of pregnancy or when the child is weaned. It may olten be desirable to induce premature labor; later, early weaning of the child. We regard the present existing laws for the appointment of superintendents, assistants, wardens, etc., and the general control and management of our asylums as inadequate to the requirements of the enlightened civilization and medical science of the present day. It is but natural to presume, however, that the advance in mental medicine will keep apace with that of other departments and remedy the insufficiencies of insane hospital legislation.

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H. P. Matthewson, M. D., Los Angeles, California.
G. W. Durga, M. D., Le Raysville, Pa.
Richard Chute, Minneapolis, Minn.
B. F. McKeehan, Clarksburg, W. Va.
James Wier, Jr., M. D., Owensboro, Ky.
D. J. Parsons, M. D., Sweet Springs, Mo.
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CODEINE FOR COUGHS.

By H. A. Giltner, M. D., Chelsea, Indiana.

Codeine is a much feebler anodyne and hypnotic than morphine, being only about one-fourth the strength of the latter. I believe it is one of the valuable drugs that is too little used, for the special reason that its field of usefulness is too little known.

It can be used to a great advantage in various diseases, such as insomnia, mild pain, especially neuralgic or rheumatic in character, diabetes mellitus and coughs of all diseases, but it is particularly to the latter that I would call attention, it being invaluable at this season of the year when so many useless, stubborn coughs have to be treated. When properly used this drug is not only safe, but it produces no bad after-effects, either on the digestive or nervous systems.

It has been my chief ally the past winter treating the coughs of la grippe and bad colds, which have been more stubborn to treat this year than usual. I would not think of attempting to get through the winter and spring seasons without it. To control an irritating, useless cough or severe paroxysms of coughing, I use it in tablet triturates of one-eighth grain, finding by experience that a small dose often repeated is better than large doses at longer intervals. I give it from one-half to four hours apart until cough is controlled, and it usually only requires two or three hours to get the desired effect. It can be used over an extended period without any ill-effects whatever. Unlike morphine or opium, instead of drying up the secretions of the respiratory tracts, it produces a mild expectorant effect.

I do not mean that I use it for all degrees of cough, but where it is so severe that the patient can get no rest and where it is all out of proportion to the amount to be expectorated, something that will regulate it so as to give the patient some ease is of incalculable value.

Instead of the tablet, codeine may be used iu the form of syrup, one-eighth grain to a drachm. This is really to be preferred, but more for convenience than otherwise, I usually use the tablet.

Unlike many remedies, you can rest assured when you prescribe codeine in these cases that it is certain to have the desired effect. I do not recall but one case of the past winter in which it was not fully effective.

To be sure, this is only treating a symptom, but in many cases by successfully combatting a cough in la grippe or a cold you will mitigate the trouble to a great extent, as the cough keeps up a continual irritation of the already inflamed mucous membrane,

and during the period of convalescence the cough is many times the principal symptom and is usually worse then than at any stage of the disease. And whether curative or not, it is necessary to relieve the patient of this most annoying symptom until our other remedies have time to reach the seat of disease.

I have carefully compared codeine with morphine, opium, hyoscyamine and several other drugs and find the former the only one that can always be relied on. The only exception is in the cough of pulmonary phthisis where heroin is to be preferred.

In the pain of pneumonia and pleurisy, I have found codeine in the same doses everything that could be desired and without any bad results at all.

Codeine is more effective in its minimum dose for the use named than most drugs, and while as much as eight or ten grains could be used in 24 hours by giving in one-eighth or one-fourth grain doses, not more than two or three grains at the utmost are needed, and in an average case a grain is sufficient.

THERAPEUTIC SUGGESTIONS.

By Edward C. Rothrock M. D., Tennessee Colony, Texas.

(Fifteenth Paper.)

HELONIAS DIOICA.

Helonias is known as false unicorn root, devil's bit, drooping star wort. Helonias dioica is a herbaceous perennial with a large bulbous root, from which arise a simple, smooth angular stem, or scape one to two feet high; flowers are greenish white. This plant is indigenous to the U. S. and is abundant in some of the western states, growing in woodlands, meadows and moist places, flowering in May and June; it is often found in Florida and Georgia and other southern states. The helonias is frequently mistaken for the aletris farinosa, true unicorn root, but may be identified by the leaves of the aletris being sharp pointed with a straight slender spike of scattered flowers. The helonias is not so sharply lance-shaped in its leaves and has a thick plumiliform spike. The root of the aletris is tapering, one and a quarter inch in length, one-half to three quarters inch in diameter, hard, wrinkled and is black outside, brownish inside. The root of the helonias is dark brown with many small yellowish white thread-like fibres, from one to two or three inches running into and through the root, which has a whitish center. The root has a faint unpleasant odor when bruised, a peculiar bitter taste, aloeic taste.

Helonias is tonic, diuretic, vermifuge, in large doses emetic and sialogogue. It is of great benefit in dyspepsia, loss of appetite and for removal of worms. It is very useful in colic and combined with discorea, ten drops each of specific tincture will act promptly, renewed every half hour. We have used the helonias for years and its usefulness in diseases of kidneys and bladder is very marked. In atony of the generative organs it is prompt and sure in its effects. We have in hundreds of cases proved its therapeutic virtues in uterine diseases It is of the greatest benefit and invaluable as a uterine tonic removing abnormal conditions promptly and imparting vigor and tone to all the reproductive organs. Helonias dioica has especial affinity for those organs, hence it is of great service in leucorrhoea, amenorrhoea, dysmenorrhoea and will remove the tendency to miscarriage, and often render parturition safe and easy. In congestion of ovaries and the uterus we give aconite one drop every three hours to relieve pain and fever and helonias dioica tincture ten drops every three hours as a tonic to uterus.

In amenorrhoea caused by cold,

aconite tincture one drop every two hours and helonias dioica ten drops every three hours, will act like a charm; if in rheumatic subjects then cimicifuga racemosa tincture, twenty drops should alternate the helonias every three hours, and will relieve this condition. If the liver is implicated bryonia alba, five drops of the tincture every four hours is indicated and will assist to bring on the flow. If anemia is a factor helonias and iron are indicated.

In dyspepsia, helonias is of great advantage and especially if anemia, prostration and albuminuria are present, helonias dioica with iron every three hours is indicated and will relieve.

If burning and pain in the stomach, alternate with iris versicolor tincture two drops every three hours. In impotence, helonias is an excellent tonic In splenitis, helonias with other remedies will do good work. In hydrothorax, after the fluid has been removed there is nothing better to prevent reaccumulation, than iron and helonias dioica to enrich the blood and restore the balance between secretion and excretion Hydro-pericardium is a disease where helonias will act the same, stimulating the blood making functions. Dysmenorrhoea with anemia are cases where helonias and pyrophosphate of iron are beneficial.

Prolapse of uterus can be successfully treated with subsulphate of iron solution well thrown up to the cervix two or three times a day as is indicated. If parts become sore use less frequently. Tincture nux vomica and tincture helonias dioica three times a day will be very beneficial.

FEEDING IN INFANTILE DIARRHOEA.

Dr. F H. Pirot, of Chicago, in an article in the Medical Examiner and Practitioner expresses the following ideas:

In treating gastro-intestional diseases, the first indication is to put the affected organ in a state of absolute rest; secondly to get rid of the essential cause. The former can be met by giving either no food at all or by administering some non-irritating substance, which is highly nutritious and therefore supports the strength of the patient which is so necessary on account of the weakening diarrhoeal discharges. Lacto-somatose has supplied this demand in my practice. It is non-irritating, can easily be prepared with hot water, even by the most ignorant person, and is readily absorbed and assimilated, without taxing the digestion to the slightest degree. The food is introduced into the stomach in a sterile state, obviating an important factor, infection. Most artificially prepared infant foods cause flatulence, slimy and sour smelling stools, which act as an irritant to the bowel and are liable to fermentation. Lacto-somatose is very palatable, and on account of its mild astringent action assists to a slight degree in treating the inflamed mucous membrane. During the first twenty-four to forty-eight hours lacto-somatose is given in 10 to 40 grain doses, dissolved in one-half glass of sterilized water. It is fed with a spoon to very young children or from a saucer to older ones, at intervals of 10 to 20 minutes during four hours. A child from four to eight months old can tolerate fifteen grains every four to six hours; 8 to 12 months, 20 grains; 12 to 18 months, 30 grains; 18 months to 2½ years, 40 grains On the second day if conditions are favorable, the breast is allowed at intervals of six hours. The child is permitted to nurse 10 to 15 minutes at a time. In artificially fed children, cow's milk properly diluted is employed. It is advisable to give smaller quantities at short intervals, rather than a large amount at one meal. The therapeutic indications are to completely empty the bowels of all irritating particles of food.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS.

By M. A, Blanton, M. D., Baileyton, Tennessee.

(Second Paper.)

PNEUMONIA.

There are two varieties of this affection that we will endeavor to consider, first, as to diagnosis; second, as to differential diagnosis; third, as to treatment.

First comes in order acute lobar pneumonia, croupous pneumonia, pneumonitis or lung fever, as it has been variously styled. This variety usually attacks persons between the ages of 20 and 40—in the prime of life. Cohen and Eshner say in Medical Diagnosis "that susceptibility and the mortality increase progressively after the fifteenth year; that males suffer in greater numbers than females and that the disease is more common in city than in country practice." While in more than two-thirds of the cases only the lower lobe of the lung on the right side is affected, it is the most fatal acute disease, save tuberculosis.

Intemperance and other debilitating influences are predisposing causes. Exciting causes are usually exposure to damp and cold. Sometimes it appears to be epidemic, and is believed to be due to the invasion of micro-organisms, of which the most common is the encapsulated lanceolate diplococcus. And again a blood clot or coagulum is carried into the lungs by the blood current and acts as an exciting cause. The difference, however, of this variety cannot be differentiated absolutely except by the h story. If the temperature is very high, it is probably an epidemic pneumonia. If the bloody sputa continues for a long time, especially if cardiac disease is present, it is probably an embolic form.

Croupous pneumonia consists of three stages. The first stage is that of congestion, which lasts from one to three days. The second stage is that of exudation, consolidation or red hepatization, which lasts five or more days. The third stage is that of resolution, which takes place from five to seven or nine days. Or gray hepatization may take place from the fifth to the seventh day of the disease, terminating in death in two or three days.

The symptoms set in suddenly and are rapidly developed. Sometimes it begins with a chill, sometimes with convulsions, the temperature rising at once to 103° or 104° F., the respirations frequency reaching 35 to 50 or more, while the pulse is not proportionately accelerated. There is at first a slight cough with scanty expectoration of a viscid sputum, which soon becomes rusty. There is considerable dyspnoea; the alae nasi are retracted in breathing and one or both cheeks are flushed. The cough increases, the expectoration becomes more free, more hemorrhagic and less viscid, and presents the appearrnce of prune juice. There is pain in the chest often referred to the nipple of the affected side, usually involving the lateral or axillary region in addition. The pain is increased on attempting to make prolonged inspiration. The lips and cheeks may be cyanotic. Thirst is increased; there may be jaundice and at the height of the attack delirium.

Between the second and fifth day herpes of the lips may appear. The symptoms continue from five to nine days, when a profuse perspiratian occurs and the crisis is reached.

Catarrhal pneumonia, broncho-pneumonia or lobular pneumonia is usually secondary to some other affection, as capillary bronchitis, measles, influenza and other constitutional affections. It usually attacks children, the aged and debilitated, and is attended with cough, muco-purulent expectoration, dyspnoea, increased frequency of respiration, decided febrile phenomena, that may be hectic, and constitutional depression. There is violent headache, often delirium, and sometimes early in the disease convulsions occur. The breathing is not nearly so hurried as in ordinary lobar pneumonia, and there is nothing to resemble a crisis in the remotest degree; on the contrary, the fever continues for several weeks, much longer than in ordinary pneumonia, and gradually subsides.

We now append the principal points of discrimination:

Coupous pneumonia is sudden in onset; catarrhal pneumonia is rather commonly secondary to some other affection. Lobar pneumonia usually attacks robust adults; broncho-pneumonia children, the aged and debilitated. The sputum of catarrhal pneumonia is not so often blood-streaked as is usually the case with that of croupous pneumonia. Croupous pneumonia terminates in five or nine days by a crisis; catarrhal pneumonia is a disease of long duration with tardy convalescence. The physical signs of croupous pneumonia are well defined, usually limited to one lung and the lower lobe, the signs of catarrhal pneumonia are ill defined and irregularly disseminated.

The treatment of pneumonias is much the same with some slight differences in the aged and debilitated. At the begining we usually give 1-5 gr. of calomel until free catharsis. Then if the patient is a strong adult begin with aconitine, veratrine and digitalin one of each every fifteen to thirty minutes until pulse softens; then every hour ar two. Keep the pulse at eighty or less if possible; envelop chest with cotton and use codeine for pain and to quiet cough if necessary. If the patient is naturally weak give strychnine arsenate in lieu of veratrine.

As an expectorant emetine is excellent. Secure defervescence and rest no matter how much drug is required. Use stimulants as needed. Leave the patient on strychnine arsenate and use saline laxatives as needed through the disease. In the stage of convalescence I sometimes use cod liver oil and iodide of iron.

DISPENSING.

THE ADVANTAGES OF THE ALKALOIDAL GRANULES.

Dr. John C. Webster thoroughly believes that the proper way to practice medicine is to dispense alkaloidal granules. We take the following from his article published in the Cincinnati Lancet-Clinic.

I desire to emphasize the fact that a large proportion of druggists are honest and conscientious in compounding prescriptions, and in case they do not have the specially prescribed ingredients, will take pains to procure them before delivery.

It is desirable both for the patient who takes, and the physician who dispenses the medicines that there should be accuracy of dose, as well as elegance of appearance of drugs used, and both of these qualities I believe to be present in the various tablet and granule preparations.

The frequent and unauthorized repeating of prescription is avoided when the physician dispenses his own medicines. This is a practice which de-

prives the physician of many dollars which rightfully belong to him, and in many cases is a detriment to the patient, who diagnoses his ailment as being "exactly the same" as when the prescription was written for him or some friend, on a previous occasion. Prescriptions are very often looked over, commented upon and copied by other physicians. They are also sometimes a source of profit to the druggist and corresponding loss to the physician by reason of prescribing done by the druggist, who will frequently duplicate some prescription which he knows has been used with good results by the physician who prescribed it.

A large number of druggists prepare and put upon the market numerous remedies which they advertise in every possible way. either by distributing samples through the neighborhood, or by recommending their particular preparations in preference to others which are asked for, or even in some instances of telling a patient that they have a better remedy than the prescription of a physician which he had brought to have filled.

If the physician dispenses his own drugs, inquisitive individuals cannot learn "who is sick" or "what is the matter with Mr. or Mrs. So-and-so." He has a perfect control of his business and patients.

It is for the pecuniary benefit of the physician to dispense his own medicines. One recently said that he never used to dispense any medicines at all, but upon deciding to adopt the plan, he could say that his income from his office practice doubled during the first year. I have received similar testimony from several others. I believe it is far more preferable to make use of, and dispense, drugs prepared in the tablet and granule form, with definite strength known, than to prescribe tinctures of whose strength we are usually ignorant, not knowing wether the tinctures are fresh, or how long they have been exposed to light, heat, cold or evaporation. The tablet or granule from which the best results are obtained, are those which represent the active principle of the drug, and not those which purport to contain a certain number of drops of a tincture.

We should aim to avoid polypharmacy as much as possible in the selection of the tablets and granules. The tendency of the older practitioner of today is, I believe, towards simplicity, and the avoidance of unnecessary drugs.

My conclusion of the matter is that the prescription is gradually passing, and that the result cannot be otherwise than beneficial to both physician and patient.

ALKALOIDAL NOTES

By M. A. Blanton, M. D., Baileyton, Tennessee.

Quassin is one of the very best stomachic tonics.

Mercury protoiodide is especially indicated in syphilis.

As an anti-spasmodic and relaxant, hyoscyamine is the best.

Glonoin is our best remedy for sudden heart failure, syncope, congestive chills, etc.

Try brucine as a stimulant for children. Its action is similar, but milder than strychnine.

Iron arsenate contains the tonic properties of iron and arsenic; try it where indicated. It is easily absorbed and readily assimilated.

The eastern office of the Abbott Alkaloidal Company in New York city has been removed to 100 William street. The new quarters are located more conveniently, are more commodious and afford better facility for the handling of the rapidly increasing business of this office.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

DIFFERENTIATION OF HUMAN BLOOD FROM THAT OF ANIMALS.

By the use of the microscope we are able to tell only that a certain specimen of blood comes from a mammal, but cannot distinguish human blood. In a recent issue of the Deutsch. Med. Wochenschr. Uhlenhut publishes what appears a reliable biological differential test for human blood. It is based on the observation that by the injection of defibrinated blood of any other animal, including man, into a rabbit changes are produced in the rabbit's blood which cause it to give a reaction with the blood of that animal alone and with no other. The importance of this in a medico-legal sense is evident.

CAUSE OF INFANTILE SCURVY.

It has been noted with sufficient frequency that scurvy at times develops in artificially fed infants, where the food consists mainly of boiled or its more modern substitute sterilized milk. In a paper read before the last meeting of the British Medical Association a very ingenious explanation was offered. The writer says citric acid is a normal constituent of fresh milk, a quart of cow's milk containing about as much citric acid as a large lemon. It exists in the form of a soluble calcium salt. But when milk is raised to the boiling point its power of holding the calcium citrate is greatly diminished and the salt is precipitated and more or less lost. In pasteurizing milk it is brought to a much lower degree of temperature, quickly cooled and thus retains a larger amount of the citric acid. This agrees with the results of experience. Pasteurized milk is not so likely to be followed by scurvy. Chemists may possibly find a harmless admixture to milk which will preserve the calcium citrate, even under high temperature.

HAZING.

When not many weeks ago on the floor of congress words were spoken indignantly denouncing the practice of hazing as carried on in West Point as cowardly and brutal, they found an echo everywhere in the land. Far more atrocious acts have been reported, to our shame and sorrow, from two medical schools, one in Baltimore the other in Milwaukee. In either instance a man past the years of boisterous boyhood, one who probably had to make many sacrifices in order to enable him to pursue his studies, who we believe had a family depending on him, who had no time for play or silly pranks, but devoted all his energy to his work, was subjected to indignities, ending only after serious bodily harm had been inflicted. Words sufficiently strong in condemnation of this are difficult to find. What an incongruous preparation for a calling whose proud aim it is to alleviate distress and suffering. If the young men will not see the meanness, the inhumanity of such acts, then a vigorous weeding out must be resorted to by the authorities. There is no room in our profession for toughs and hoodlums.

STERILE ADHESIVE PLASTER.

The field of adhesive plaster has of late years been more and more restricted in surgery on account of its

liability to cause septic infection in a wound. At the suggestion of Dr. H. Lilienthal, a New York Surgeon, Johnson & Johnson have made a sterile zinc rubber plaster which they furnish in a sterile container. It comes in length sufficient for an ordinary wound six inches long and cut into suitable strips. The deeper parts are closed in the usual manner, then the edges of the wound in the skin are carefully approximated by an assistant and drawn together by the plaster. On their removal on the fifth or six day, if the adaptation of the edges has been perfect, the wound will look like a mere scratch. The method has been used with good results in operations such as abdominal section, nephrotomy, major amputation, kelotomy and amputation of the breast. The serious annoyance of stitch abscesses is thus entirely avoided.

FEEDING IN TYPHOID FEVER.

At a meeting of the London Medical Society, Dr. F. J, Smith, senior pathologist to the London Hospital, laid it down as a rule carefully to examine one stool at least in every twenty-four hours. The presence of undigested food would lead him to stop all food for twenty-four hours and then to begin with small quantities. If curds be present, milk in a raw state should be prohibited. Blood in small quantity should induce caution, in larger quantity indicates opium, enough to produce drowsiness, all food being stopped for twenty-four or forty-eight hours. Sloughs without blood in quantity merely indicate a natural state of affairs in the third or fourth week of a severe case, but they suggest caution in feeding for a day or two. Feculent debris is the desirable constituent, and the less of the other substances named the better. He gives a fairly free range to the patient's appetite, makiug it almost the sole arbiter, in the absence of vomiting, hemorrhage or tympanites. On the other hand, when there is no appetite, he does not give food, but lets the patient have cold water, the only thing the latter craves. Properly made beef tea or beef juice could not be equaled by the commercial substitutes in vogue. He would not withold beer from a patient in the typhoid state who craves for it, but other forms of alcohol are drugs for emergencies. Vomiting is generally due to putting food into the stomach when there is no appetite. Tympanites and constipation should not occur if the dietary is right and aperients are employed. Diarrhoea may also depend on undigested food. This will be shown by careful inspection of the stools and must be treated by stopping everything except water. This interesting report is given in full in the New York Medical Record.

CONTAGIOUSNESS OF YELLOW FEVER

Under the auspices of the Medical Department of the American Army a series of valuable experiments has been carried on in Cuba to determine the etiology of yellow fever. From them we learn that a certain species of the mosquito is solely responsible for the spread of the disease and that the opinion of the contagium being carried by clothing, bedding etc., is erroneous. Among the conclusions drawn from the experiments the report says: Yellow fever is not conveyed by fomites, hence disinfection of articles of clothing, bedding or merchandise, supposedly contaminated in contact with those sick with the disease is unnecessary. A house may be said to be infected with yellow fever only when there are present within its walls contaminated mosquitoes capable of conveying the parasite of this disease. The spread of yellow fever can be most effectually controlled by measures directed to the destruction of mosquitoes. This new theory would fail to explain a case like the following. The British ship Curlew

left Rio Janerio May 19, 1890, having had no sickness in port, en route, or on arrival; the ship was cleaned July 22 to 23, and disinfection completed July 25. One case developed among the crew on July 27.

A NEW USE FOR GUAIACOL.

A writer in a French journal reports a number of cases of varicocele, varix hydrocele, pleuritic effusion cured by local application of guaiacol. He employs it in the following manner. The varicose part is bandaged with a solution of guaiacol, more or less concentrated according to the tolerance of the part affected, and covered with rubber tissue and the whole covered by a layer of wadding. The bandage is removed morning and night. The patient is kept quiet during the time of treatment which varies from ten to twenty days. As this is a simple method and the results reported good, it is well worth trying. Perhaps it would be wise, though, not to be too sanguine and not to make too strong a promise to the patient.

DIFFERENTIAL DIAGNOSIS BETWEEN VARIOLA AND VARICELLA.

To distinguish between chicken pox and a light form of variola is not easy, and its practical importance has been brought home to us forcibly in the course of the last year. Aid seems to be offered by Ehrlich' diazo reaction which according to a French investigator is almost constantly present in the course of variola in full evolution, while it is absent in varicella. The observation extends only over a small number of cases. It is of sufficient importance to deserve further investigation.

TETANUS AND ITS TREATMENT BY SERUM.

From an exhaustive study of tetanus and its treatment by antitoxin it appears that the mortality depends greatly on the period of incubation. Where this is short, less than ten days, the per centage of recoveries is very small, not more than five per cent. The prognosis improves with every additional day beyond this period and the mortality may reach as low as fifty per cent. These figures are the result of the study of the statistics from many sources. The total number of cases treated by subcutaneous injections was 290 with 173 recoveries and 117 deaths, making a mortality of 40.33 per cent. There were 48 cases of intra-cerebral injections, of which 23 recovered and 25 died, a mortality of 52.08 per cent. Altogether these are not unfavorable results, although far short of earlier expectations. Of one hundred and fourteen cases with a period of incubation of from five to ten days only 54.38 per cent. died, while under ordinary treatment the mortality of such cases is not less than ninety per cent.

DIET IN SCIATICA.

Dr. A. P. Williamson thinks that diet in the treatment of sciatica is a matter which does not receive the attention its importance demands. He says care in this directon is always fully repaid by the good effects produced. The food should be liquid and very nourishing. It is best given in small quantities and at frequent intervals. Pain is said to be the cry of the tissues for nourishment, and if its severity is a criterion of the quantity of food needed there can be little danger of overfeeding. Milk, with salt to aid its digestibility, especially when given hot, is the very best food to be found. Home-made broths come next, and then preparations of blood, such as bovinine. The patient's palate may be consulted, but care is to be taken to avoid beef and uric-acid-forming foods in general.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the au'hor.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

Next month's Recorder will contain an article on the treatment of neurasthenia by means of electricity, by Dr. W. H. Willcomb. Neurasthenia is one of the difficult diseases to treat and we know our readers will enjoy a practical article on the subject.

When remitting to the Recorder please send by money order, draft or registered letter. Currency in a letter is not safe. We must also request our friends not to send personal checks. Some personal checks cost 25 cents to collect and we cannot furnish a first-class journal, make the club offers and give the premiums we do, and then stand the expense of collecting personal checks.

Dr. John H. Aulde, of Philadelphia, favors the Recorder this month with an article of unusual value. Dr. Aulde has been doing much original investigation recently, the results of which will be highly interestlng to the profession. Dr. Aulde is one of the workers who is not afraid to get out of the accepted ruts and announce something entirely original.

The Southwestern Progressive Medical Journal has been consolidated with the American Medical Journal, of which Dr. W. L. Leister will be associate editor. We shall miss the Southwestern as it was one of our bright exchanges. We trust that Dr. Leister will now find time to favor the Recorder oftener with original articles, as he will now be relieved of the business management of a journal.

The question of the consultant or specialist dividing his fee with the practitioner who recommends him, continues to be discussed with no apparent result. The Cleveland Journal of Medicine offers a solution worth considering. The editor of the Journal believes that continuance of the commission system will result in a great debasement of the profession and an injury to the public. He suggests that physicians, in medical societies, should agree to charge for attending cases according to the value of the service rendered and of the responsibility assumed. This is now done in minor surgical cases, such as fractures, and could be done in medical cases. Thus, for attending a case of measles a charge of ten to fifty dollars could be made, and for a case of typhoid fifty to two hundred dollars, according to the severity of the case. He says:

With this custom adopted by the general practitian, it would be very easy to insert in the fee bill some such provision as this: "For sharing the responsibility of urging surgical intervention, 25 per cent. in addition to the fee charged by the surgeon." This charge would be explained beforehand to the patient and his friends as having been agreed upon by all physicians. In each case then the surgeon and the physician could regulate their charges to accord with the gravity of the case, the difficulties to be encountered, and the ability of the people to pay. It would not be a commission paid clandestinely, but a regular fee.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

HYPNOTISM—A Complete System of Method, Application and Use Prepared for the Self-Instruction of the Medical Profession. By L. W. DeLaurence, Instructor in the School of Hypnotism and Suggestive Therapeutics, Pittsburgh. Illustrated with numerous plates. Pages 256. Cloth, $1.50. The Henneberry Co., 415 Dearborn Street, Chicago.

This book presents a brief history of hypnotism and a thorough treatise on the induction and use of suggestion. The author is a very lucid writer and presents his subject so that it can be easily understood. The following from the preface explains the author's purpose: "An accurate diagnosis enables the physician to treat his patient with the maximum probability of success, and those who have studied Psycho-Therapy and who apply it in their practice fully realize its incomparable advantages in the diagnosis of obscure diseases, which so often perplex and mystify those practitioners who are not so fortunate as to have mastered this science. Through ignorance of the law and the importance of suggestion, many well meaning physicians do their patients much injury, and the cause of many fatal results are traceable to the attending physician's ignorance of the effect and possibilities of suggestion. It is very gratifying to those interested in the subject to observe how hypnotism and suggestive therapeutics are being studied and taken up by practitioners all over the country, not as a specialty or universal panacea, but as an auxiliary in the treatment of those cases which have not proven amenable to ordinary medication. My advocacy of hypnotism and suggestive therapeutics is not as a specialty, universal remedy or as a supplanter of regular medical treatment; but as a valuable aid and powerful auxiliary in combatting many forms of the so-called "neuroses" and other neurotic affections and intractable diseases which are not readily reached by other means. In such cases as these the neurotic symptoms may often be relieved and a permanent cure affected by Psycho-Therapeutics."

The book contains much good information and also statements with which most physicians will differ, but it will be found useful in any practitioner's library. It is nicely bound and well printed in a good, clear type.

THE INTERNATIONAL MEDICAL ANNUAL, A Year Book of Treatment and Practitioner's Index. Illustrated with 45 Engravings and 14 Plates. Pages 682. Extra cloth, $3.00, net. 1901, Nineteenth Year. E. B. Treat & Co., 241–243 West 23d Street, New York.

Treat's Annual, as this book is comonly called, is anxiouly awaited for every year by thousands of physicians who regard it as a necessity. The book is the labor of leaders of the profession in both the United States and Europe. An excellent review is given of all the progress of medicine and surgery during 1900.

Therapeutic advancement is given in the department called "The Dictionary of New Remedies," conducted by William Murrell, M. D., of London. A timely article in this department is "Toxins and Antitoxins," the conjoint work of Dr. Murrell and Prof. McFarland. "The Light Treatment" is a special article by Dr. Murrell, showing the value of sunlight and explaining the Finsen treatment. Dr. John

Macintyre contributes an exhaustive article on X-rays, discussing their medico-legal value and therapeutic uses.

The Dictionary of New Treatment comprises the main part of the book, and presents a summary of the world's literature and also a wealth of original articles. Among the valuable original articles is one on Tuberculosis, by Prof. Ruato, of the University of Perugia, Italy, written in English especially for the Annual. Dr. Boardman Reed, of Philadelphia, writes at some length on Disorders of the Digestive System. The well known authority on the subject, Dr. Edridge Green, contributes an especially valuable article on the Perception of Light and Colors, illustrated with a colored plate. We could continue enumerating leading articles, but suffice it to say that every department of our professional work is touched upon. The section on Sanitation is by Dr. Joseph Priestly and is of more than usual interest.

The book contains a very complete index, which is a valuable addition to any book and especially to a work such as this which must be used frequently for reference. It is a failure of some medical books that they are not thoroughly indexed, and when something is especially wanted it requires a tedious hunt to find it. Medical writers should make it a point to have good indexes in their books. Treat's Annual is a most desirable addition to the doctor's working library, and we advise our readers to obtain it, assuring them they will never regret it.

INFANT-FEEDING IN HEALTH AND DISEASE—A Modern Book on all Methods of Feeding. For Students, Practitioners and Nurses. By Louis Fischer, M. D., Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West-side German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing twenty-five illustrations, with sixteen Charts and Tables, Mostly Original. 368 pages, 5¾x8 inches. Neatly Bound in Extra Cloth. Price, $1.50, net. Delivered. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

Those familiar with Dr. Fischer's experience, both in large clinics and private practice, will look for something unusually good in this book, and they will not be disappointed. Dr. Fischer's clinic at the New York German Poliklinik is one of the largest in the country and those who have seen the hundreds of sick children brought to it every week know that his opportunities for investigation are unsurpassed.

The book first takes up the anatomy and physiology of the very young digestive tract and discusses these subjects thoroughly as an introduction to the main part of the book. Analyses of the various infant's foods—human milk, cow's milk, the prepared foods, all are presented and their values discussed. The preparation of the various modifications of cow's milk is given and methods of detecting impurities in milk are told. The treatment of the diseases of infants due to faulty nutrition and improper feeding is an important section of the book. A dietary is added, giving a large number of recipes for preparing infant foods.

Such books as this are not plentiful and we are sure the profession will welcome this book on account of the large amount of valuable and practical information it contains. Dr. Fischer is an enthusiastic practitioner and

teacher of pediatrics, and when he writes it is for the purpose of giving the profession something helpful from his experience.

CONSUMPTION, PNEUMONIA AND ALLIED DISEASES OF THE LUNGS—Their Etiology, Pathology and Treatment, with a Chapter on Physical Diagnosis. By Thomas J. Mays, A. M., M. D., Professor of Diseases of the Chest in the Philadelphia Polyclinic; Visiting Physician to Rush Hospital for Consumption. Illustrated. Pages 539. C'oth, $3.00. E. B. Treat & Co., 241-243 West 23d St., New York.

For thirty years the author has studied lung diseases and this book is the result. Most physi ians are familiar to some extent, through current medical literature, with Dr. May's theory that most lung diseases are primarily neuroses. In this book he discusses thoroughly his ideas and explains the trsatment he believes to be best. The etiology, pathology and treatment of consumption are well presented. The best methods of treatment are given and climatic, dietetic and drug treatment are carefully explained.

In the preface the author says the fundamental concepts of this work may be formulated into the following propositions:

1. That pulmonary phthisis in a large majority of cases is primarily a neurosis, and that the pulmonary disintegration is secondary.

2. That any agent, influence or condition which undermines the integrity of the nervous system will engender pulmonary phthisis or some other form of pulmonary disorder.

3. That acute pneumonia and other forms of acute pulmonary disease are also closely associated with disordered innervation

4. That the only remedies of value in the treatment of pulmonary phthisis are those which appeal to and act through the nervous system.

5. That among the remedies of special value is the counter irritant action of silver-nitrate introduced hypodermically over the vagi in the neck.

6. That the silver-nitrate injections are also of much value in the treatment of asthma, chronic bronchitis and other chronic pulmonary diseases.

6. That among the most valuable agents in the treatment of acute pneumonia, acute pleurisy and acute bronchitis are ice-cold applications to the chest.

The book will be a valuable addition to the doctor's library, as it is different from any book published, and deals at length with diseases that every practitioner must fight.

BOOK NOTES.

The International Clinics for 1900 contained 1238 pages, 194 illustrations, 106 articles by 102 leaders in medicine and surgery and 3 complete monographs. These books are marvels of cheapness and this year's series will be even better than the last series.

The first number of American Medicine, the new weekly edited by Dr. Geo. M. Gould, has been issued. If Dr. Gould can keep the succeeding issues up to the first number there is no question about the success of the publication. This number contains 48 pages of reading matter and 120 pages of advertisements.

The third pamphlet of the series which Battle & Co. are issuing upon their preparations, has just been published. This issue contains the third colored plate illustrating fractures of

the long bones; this one shows fracture of the femur just above the condyles. These colored charts are of practical value and if you do not receive them regularly, just drop a card and have your name on the mailing list.

McClure's Magazine for April is a strong number. Features of special interest are The Story of the Beaver, by Wm. Davenport Hulbert, In the World of Graft, by Josiah Flynt, and Walks and Talks with Tolstoy, by Andrew D. White, Ambassador to Germany. Tolstoy's life and character are presented in an entertaining manner and the real Tolstoy depicted more clearly than has ever been done before.

The April Ladies' Home Journal contains a wealth of matter of especial interest to the doctor's wife and much of interest to the doctor himself. Leading articles are: Richard Harding Davis's "The Princess Aline" in dramatized form, illustrated by Charles Dana Gibson; "The Beautiful Jewess Who was Called the Princess of Her People," and "The Lovers of a Cheerful Giver." Miss Griscom, the American Golf Champion, shows "How Golf is Played" in a series of photographs. Edward Bok further emphasizes the value of simpler living.

The World's Work, which makes the teaching of the gospel of work, progress and success its evident mission, closes its first volume with the best number it has yet put forth. The striking features of this month's number are remarkable articles about Andrew Carnegie, J. Pierpont Morgan, Charles M. Schwab and Archbishop Ireland, with elegant full-page portraits. Among the general articles are a well written and finely illustrated story of The Rise of the Russian Jew, by Hutchins Hapgood; short illustrated articles on the new Solar Motor and the Telephone Newspaper of Budapest, the second of Sidney Brook's series on The Political Status of Europe, this time considering Italy; Our Prairies and the Orient—how the new trade is coming to the West—by William R. Lighton. If you are not familiar with the World's Work, we advise you to buy of your newsdealer the May number, which will begin the second volume.

The April New Lippincott's Magazine opens, as usual, with a complete novel. This month it is a stirring story by Mrs. Schuyler Crowninshield, wife of Admiral Crowninshield, which keeps the readers guessing up to the final pages. Timely papers are: "Bees in Royal Bonnets," by Felix L. Oswald, M. D., a timely anecdote article on the subject of royal peculiarties, and "Our Village Improvement Society," by Eben Rexford, giving practical suggestions for bettering, by united effort, the appearance of outdoor surroundings. A number of short stories, articles and poems give variety to the number. "The Walnuts and Wine" department is as spicy as usual.

To lovers of good literature, Modern Culture for April offers a veritable feast. It is well named "a magazine of knowledge" by the publishers. The April issue contains 30 articles of just the right length and all worth reading. Dr. H. Speier, who writes our "Rundschau," has an article in this number on Smallpox, which presents the history of small pox and vaccination and will be read with interest by physicians as well as the public. We wish this article could be generally read by the public as it would, by historical facts, convince doubters of the danger of smallpox and value of vaccination. Our club offer with Modern Culture is still open and there are many doctors, who will read this, who should avail themselves of this offer.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

W. R. Warner.—Wm. R. Warner, the well-known manufacturing chemist, died in Philadelphia, April 3. He introduced the manufacture of sugar-coated pills and built up a large and lucrative business, He was deeply interested in science and art. He was a distant relative of George Washington, and his art collection includes over one hundred portraits of Washington.

Sabalol.—Morgan's sabalol spray is an ideal oily medication for spraying the nose and throat in acute and chronic diseases. It contains the active principles of saw palmetto, eucalyptol and menthol with a benzoinated oil of guaranteed purity, so as to make one of the most potent remedies the medical profession has for combatting the diseased mucous membrane. Send for a sample bottle, give it a trial and you will thereafter always use it.

Success.— The April number of Success contains its usual number of instructive and helpful articles. This is a magazine that every member of the family can enjoy and receive benefit from its reading. The club offers that we make with Success and other popular magazines are something unusual, and are likely to be withdrawn in the near future. Better improve these offers while you can, doctor.

The St. Paul Meeting and Yellowstone Park.—Arrangements have been completed for an excursion of the members of the American Medical Association to Yellowstone Park. The committee of arrangements has finally succeeded in persuading the officials to open up the park a week earlier than usual in order to accommodate the association. A special train will be run from St. Paul to the Yellowstone Park. The rates will be low.

Epilepsy Cured.—A good many Recorder readers are using Dr. Towns' epilepsy treatment with good results. The following extract from a letter recently received by Dr. Towns from Dr. J. A. Hirsch, of Edwardsville, Ill., is a sample of what physicians say of the treatment: The case of petit mal which I am treating with your remedy is doing nicely. Has not had an attack now in two weeks. I think a few more bottles of the remedy will make a complete and permanent cure.

Neurasthenia.—When a few years ago, my attention was called to Gude's preparation of "Liquor Mangano-Ferri Peptonatus, Gude," so extensively used and highly extolled in Germany, with my usual antipathy for new remedies, I reluctantly gave it a trial, anticipating that I would necessarily have to combat the usual disappointing effects of most of the other preparations of iron. The results, however, were indeed a surprise to myself, for the concomitant deranging sequelae were so slight that, but in a very few instances in my extensive utilization and experience with this special pharmaceutical preparation was I obliged to discontinue it. My experience having led me to believe that iron and manganese in combination are both indicated in the vast majority of cases of neurasthenia, this particular remedy I am now convinced, will prove a great boon both to the patient and the

physician. While it is maintained by some that in the haemoglobin of the red blood corpuscle manganese is present, as well as iron, I have for many years procured results with a combination of both, not directly obtainable with one alone. We knew, however, that manganese gives off oxygen to a greater degree than iron, and it has been argued that for this reason its internal exhibition might correspondingly increase assimilation. J. K. Bauduy, M. D., St. Louis.

Purulent Otorrhoea.—Iodomuth is a new iodine antiseptic which is giving some excellent results in the treatment of various septic conditions. Dr. Carle Lee Felt, of Philedelphia, thus speaks of its value in chronic purulent otorrhoea:

The value of iodoform in chronic purulent otorrhoea is due to its antiseptic property and, more especially, to the free iodine which is liberated and stimulates the sluggish tissues. The odor, however, is greatly against its use in private practice, and so the chemists have vied with each other in their efforts to discover an odorless drug with the same desirable features.

The last iodine- containing powder which I have tried, and one which has pleased me so far more than any other powder for the ear, is iodomuth, bismuth powder containing 25 per cent. of iodine. It is odorless, impalpable, and reddish brown in color, and does not cake in the ear. After using it in private work for nearly two years, I ordered it for my service at St. Christopher's Hospital for Children, where we see about 100 cases of chronic purulent otorrhoea a year. I am satisfied that iodomuth has been of more service to me than any other drug. The iodine it contains is sufficient to stimulate the sluggish tissues and to destroy the micro-organisms. It also deodorizes the discharge, and the bismuth adds a local sedative action.

The Druggist.—Things medical have so changed of late years that some doctors not only dispense but are looking for a chance to "do" the druggist whenever occasion offers. We have no fight with the druggist for we believe that as a rule he is a pretty good sort of a fellow trying to make a respectable living like the rest of us. We believing in attending strictly to our own "woodpile" and letting the druggist attend to his. It is however a lamentable fact that some druggists entirely overstep their province and attend all manner of cases without any medical education. A druggist writing to the Lancet-Clinic seems quite excited over the article by Dr. J. C. Webster, which we quote in our alkaloidal department. Among other things the man of the mortar and pestle says: "Druggists have no reason to use a doctor's prescription. Why? Because they have brains enough and education enough to prepare any medicine they want for a patient. The education and knowledge is open to all. The M. D's. haven't a patent nor a copyright to it." A druggist who thinks that all the education necessary to practice medicine can be found in a dispensatory, is just the fellow who is apt to do as extensive a counter practice as possible. It would be a good idea for such druggists to learn that besides brains and a pharmacist's education, there are many things to know before attempting to prescribe for patients, such as etiology pathology, diagnoses and the many things only learned in labratory and clinical experience.

Anesthesia Mortality—Ever since the introduction of anesthesia there has been a continued discussion regarding the mortality of different anesthetics. Very different figures are given by different writers regarding the same anesthetic. The reason of these unreliable statistics is explained

by Dr. F. C. Gram, in the American Medicine as follows:

My attention has just been directed to a statement that "the number of deaths under ether anesthesia is estimated at 1 in 75,000; under chloroform 1 in 11,000." Another authority places these figures at 80,000 and 16,000 respectively. From facts in my possession I believe I am justified in saying that these figures are inaccurate, unreliable and misleading. I have no knowledge as to their origin, but surmise that they are based on hospital experience. During my service as Register of Vital Statistics for the Buffalo Health Department I have recorded over 40,000 deaths. Out of this number only 3 are certified as due to anesthetics. One is recorded as following "anesthesia administered for operation," and 2 from "uremia following anesthesia." I have personal knowledge of more than 4 times that many deaths under anesthesia during the same period, but they were certified as due to other causes. It is not my purpose here to discuss cause and effect, but simply accuracy. Few physicians or dentists are willing to go on record as having lost a patient under anesthesia, and the death is therefore credited to heart disease, nephritis, shock and other causes, which certainly are a factor, but which would not have become such at that time without anesthetia. So long as these conditions exist it is absolutely impossible to obtain reliable statistics on this subject.

A Wise Measure—The council of this city has passed an ordinance, which should be in force not only here but in every city in the land. We have from time to time called the attention of Recorder readers to the dangers of allowing the indiscriminate scattering of samples of medicines. Children get these samples and often swallow them and sometimes with serious and even fatal consequences. The following is the ordinance, and it would be a good idea for our readers to recommend its adoption in their own cities:

An Ordinance making it unlawful to place, throw, deposit, distribute or deliver sample packages of any medicine, drug, patent medicine or compounded drug whatsoever in or upon any lot, door-step, private dwelling house, public building, store or office building, or to place, throw, deposit or distribute any sample package of any medicine, drug, patent medicine or compounded drug whatsoever in or upon any sidewalk, highway or other public place or park within the limits of the city of Janesville.

The Mayor and Common Council of the City of Janesville, do ordain as follows:

Section 1. It is hereby made unlawful for any person, firm or corporation, or for any officer, member, agent, servant or employe of any firm or corporation to place, throw, deposit, distribute, or deliver any sample packages of any medicine, drug, patent medicine or compounded drug whatsoever in or upon any lot, door-step, private dwelling-house, public building, store or office building, or to place, throw, deposit or distribute any sample packages of any medicine, drug, patent medicine or compounded drug whatsoever, in or upon any sidewalk, highway or other public place or park within the limits of the city of Janesville.

Section 2. Every person, firm or corporation, and every officer, member, agent or servant of any firm or corporation who shall violate any provision of this ordinance shall pay a penalty of not less than one dollar nor more than fifty dollars

Section 3. This ordinance shall take effect and be in force from and after its passage and publication, which publication shall be for three successive days.

Diabetes.—At a recent meeting of the New York Academy of Medicine diabetes was thoroughly discussed. The report of the meeting, as given in the Medical Record, is a comprehensive survey of the subject. Dr. Abraham Mayer read the paper on treatment—dietetic, hygienic and medical. Milk forms a large part of the diet of his diabetic patients. He uses opium and its alkaloids, especially in neurasthenic cases. He has had results from the use of arsenic and uses the bromide of arsenic in doses of grain one-thirtieth to one-twentieth three times a day, in plenty of water, after meals. The patient should be free from mental worry and nervous shocks, should be warmly clad, the skin should be kept active, but cold baths and sea bathing are not advised.

Genito-Urinary Diseases.— Jas. F. Miller, M. D , of Bellevue, O., writes: I have used sanmetto in many cases of sub-acute and chronic cystitis, in chronic and acute prostatic troubles in enuresis, vesico seminal weakness, gleet, and many other genito-urinary difficulties, with uniform and gratifying success, and because of the satisfaction sanmetto has given me in my practice, I am led to depart from my custom of writing no testimonials for any proprietary medicines, and say that I regard sanmetto as a necessary factor and adjuvant in the treatment of genito-urinary diseases.

Chronic Bronchitis.—This is a malady where a tonic is clearly indicated, whether it be that form linked with emphysema or that found with local consolidation and contraction of the lung. Here, whatever the condition of the lung tissue and the muscles of the respiratory mechanism, there is also a demand occasioned by the cough to expectorate the accumulations of phlegm, due to the state of the mucous membrane of the bronchial tubes. In almost all cases of chronic bronchitis, such a combination as syrup hypophosphites is clearly indicated and Dr. Milner Fothergill, in his work on "Chronic Bronchitis, Its Forms and Treatment," writes as follows: As an ordinary tonic, well adapted to cases of chronic bronchitis, Fellows' syrup of hypophosphites, containing strychnia is admirable, the phosphorus being useful in nervous exhaustion.

Syphilis.—Gold is of great value in the treatment of syphilis, and when combined with mercury it is especially efficient. Dr. G. F. Lydston, of Chicago, believes in the use of gold and thus expresses his opinion: A remedy which appears to me to of great service in syphilis is gold. It has seemed of special value as a tonic and alterative in cases with a tendency to nerve involvement. Gold is a remedy that has been greatly neglected. I have been using the bromide of gold and arsenic and bromide of gold and mercury—Barclay's formulae—(arsenauro and mercauro) instead of the sodium salt, and with gratifying results. The gold seems to have a special effect, preventing sclerotic changes in the tissues affected by the syphilitic neoplasm. The bromide in the combination may be of service in correcting vasomotor pertubations which probably exist in early nerve syphilis.

Cellular Therapy.—Dr. Hamilton Forline, of Chicago, in writing of his experience with the Roberts-Hawley lymph, says:

Ever since Virchow demonstrated his theory of cellular pathology there has been a crying need for remedial agents which would restore functionally or structurally diseased cells.

There is no longer any question of the theoretical and practical value of cell tonics as exemplified in the lymph. Every physician knows that all cells in the body are dependent upon the same nutritional principles for their functional activity, growth and perpetuity; therefore the wide range of usefulness of an universal tonic and food. The writer has treated several hundred cases with the lymph compound and in no case has he failed to observe more or less decided evidences of its cell tonic action. For example, the increased elimination caused by this lymph, especially from skin and kidneys, the decided improvement in strength, endurance, mentality, nutrition of skin, general functional activity and cellular resistance; and these are by no means all of its general effects. Similar observations are reported by hundreds physicians representing the best element of the profession in America and Europe.

Support After Operations.—Dr. E. C. Underwood of Louisville, Ky., believes that not enough attention is given to supportive measures after operations and he is right. Anemia and collapse sometimes follow surgical operations because of the drain on the patients system. By supporting the patient much better results can be obtained. In writing upon this subject in Modern Medical Science, Dr. Underwood says: Food must be adequate to the demand of the economy. I allow the patient to take such foods as are digestible and which are allowable, but I do not stop here. I have a rule which I do not neglect in my after treatment. I have the patient receive regular doses of bovinine until recovery is so far progressed that the development of anemia is not to be feared, and until the support which this agent brings has brought the patient to the point of virtual recovery. The dose of bovinine is to be arrived at by the surgeon and must be either one drachm or a half ounce every one to six hours according to the state in which we find the patient. If he has lost a great deal of blood and the pulse is thread-like or irritable, the bovinine should be given in doses of a tablespoonful, or even a wine-glass, until the volume is full and the effect of the remedy is made manifest in other ways. Bovinine I often combine with wine or whiskey or milk, but this is not necessary. Still I often find in cases of extreme exhaustion that it is wise to give bovinine with whiskey or wine in order to get the effect of the stimulant and the nourishing and supportive action of the two means, at as nearly the same time as possible. That surgeons do even often neglect the administration of supportive measures accounts for the protracted convalescence which follows many cases of operations and I therefore look to this matter with as close attention as to any other point connected with the management of the case.

Female Neurotics.—Prof. Chas. J. Vaughan, Chair of Gynaecology, Atlanta College of Physicians and Surgeons, writes: "Cerebro-nervous affections peculiar to women associated with pathological disturbances of the reproductive organs are legion, and most trying to physician and patient. Physicians are aware of the wide prevalence of these nervous disorders, for comparatively few women are entirely free from some phase of the ailment. Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common and are always peculiarly rebellious to treatment. Neuralgia constitutes the great cause of danger from the employment of hypnotics and narcotics, which only afford the relief by numbing, but effect no cure. On the other

hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. I have found nothing so well suited to these cases as five-grain antikamnia tablets, administered in doses of from one to three tablets and repeated every one, two or three hours according to the attendant's judgment. These tablets not only afford complete relief without fostering a drug habit, but they do not endanger weakened hearts. Their exhibition is attended with no unpleasant after-effects. I use them in preference to any other preparation in the treatment of female neurotics and experience demonstrates that they are safest and best."

Nausea of Pregnancy.—The persistency of this symptom in many cases of pregnancy makes any method which offers relief worthy of a careful trial. Dr. J. M. Batten has an article in the Pennsylvania Medical Journal in which he presents some ideas different from those commonly accepted. He says: Now, as drugs will not relieve nausea and vomiting in pregnancy, we must try some other remedy, and the treatment that has been generally satisfactory with me is feeding, feeding, feeding the patient day and night. Of course, you cannot expect to get permanent relief in all cases, but feeding, feeding, feeding the patient, constantly feeding her gives, in my humble judgment, the most relief and comfort to the patient. A pregnant woman with nausea and vomiting then should have a glass of milk, crackers, oranges or anything else she may take a fancy to, setting on a table near her bed at night, so she can satisfy her hunger at any time. Before rising in the morning she should have a good, substantial meal, consisting of coffee, milk, eggs, mutton chops or beefsteak, buttered toast or whatever else she may fancy. After partaking of her breakfast in bed she may rise, and during the day thereafter she may take about three more substantial meals. Fasting during the night is conducive to sickness in the morning, and possibly during the day.

Physicians in the United States.—The last report of the United States Commissioner of Education states that the number of physicians in this country has increased four times as much as the increase in population from 1889 to 1899. This rapid increase makes it no wonder that physicians are so numerous and that many have so hard a struggle for an existence. The following table shows the number of students in the professional schools of the country, the last year of the report:

	Schools	Students
Theological	163	8,226
Law	96	11,874
Medical	151	23,778
Dental	50	7,354
Pharmaceutical	51	3,551
Veterinary	13	316
Nurse-Training	393	10,01

This table shows the rapid increase in medical students accurately but not of the other professions, as many enter the other professions, especially the law, without attending professional schools. This indicates that there is an increasing rush to enter the professions, in preference to other occupations, which would be more congenial and profitable to many.

Anesthetics.— Ten years ago the British Medical Association appointed a committee to inquire into the relative safety and value of the various anesthetics and to gather information regarding the best methods of administration and restoration. This committe has just published its report based on very extensive and careful investigation. The committee analyzed 25920 cases, from both private and hospital practice of which 13393 were cases of chloro-

form anesthesia, 4595 ether, 2911 nitrous oxide, 2071 gas and ether, 678 A. C. E. mixture and the balance various mixtures. The Philadelphia Medical Journal thus summarizes the work of the committee: Perhaps the most practical conclusion from the standpoint of the anesthetizer is that by far the most important factor in the administration of anesthesia is the experience of the administrator and that in many cases the anesthetization so completely transcends the operation in gravity and importance, that it is absolutely essential to consign that duty to an experienced anesthetizer. The committee were unable to throw any light upon two important subjects, the safest method of administration and the most reliable method of restoration. Whether or not the committee in charge could have used to better advantage the mass of clinical evidence which passed through their hands we we are not in a position to judge, suffice it to say that they have contributed little if anything to the knowledge of anesthetics already acquired. That ether is the safest anesthetic for routine work; that the alarming symptoms of chloroform-narcosis are due primarily to circulatory failure; that no method of administration of chloroform is free from danger; that, excluding infancy, the complications and alarming conditions of narcosis increase parri passu with advancing age; that the tendency for these complications to occur increases pari passu with the gravity of the operation; these, as the most of the other conclusions, are but confirmatory of long established views. As an exception to this general statement we might call attention to their observations on the respiratory complications of anesthesia. In their experience the complications that occurred under ether were mostly of a trifling and transitory nature, while those occurring under chloroform were grave and persistent.

Iodoform Poisoning.—It is well to always remember the toxic properties of iodoform when using it freely. In our own practice we use as antiseptic powders, aristol, irisol and camphophenique, because of their lack of toxicity and also disagreeable odor. The following abstract of a case of iodoform poisoning, in the March Annals of Surgery, by D. W. Aushultz, of Breslau is of special interest.: On two previous occasions, a male, aged 30 years, had received from 80 to 90 cubic centimetres of a 10 per cent. iodoform glycerin injection into a cold abscess of the thigh, without any untoward symptoms. One year later, upon re-occurrence of cold abscess, a similar injection of 100 cubic centimetres was made. Within 24 hours thereafter the temperature became elevated and continued rising, with remissions for several days thereafter. But one week later most marked symptoms of iodism set in. The patient was covered with diffuse acne. Added to this was a stomatitis, rhinitis, and conjunctivitis of such intensity that all the mucous membranes were coated with crusts. The urine contained a large percentage of iodine. On the part of the nervous system, the toxic symptoms manifested themselves in somnolence, great increase of patellar reflexes, ankle clonus, and increase of pulse. To evacuate any possible iodoform still existing in the abscess, an incision was made to afford an outlet. A saline infusion was given, but of no avail. The patient died with a temperature of 104° F. Post mortem showed a spondylitis in lumbar region accounting for the cold abscess. The adrenals were caseous in their entirety, and there also existed a fatty degeneration of the kidneys. Something extraordinary must be responsible for the non-occurrence of any reaction after the earlier injections. The late appearance of poisonous symptoms must be attributed to a

culmulative feature of iodoform, which though it is soon eliminated as iodine in urine, remains longer in the system than other iodine preparations. The pronounced cerebral disturbances, the increased reflexes, the acceleration of the pulse, and reference in history to a yellowish pigment and very dry condition of the skin, are, in the light of post mortem findings, brought into harmony with the marked degeneration of the suprarenal capsules; and finally the untoward fatal toxic symptoms are still further correlated to and enhanced by this pathological state of the adrenals, which induced the pronounced cachectic condition, which in turn again favored iodism. Conclusion: Saline infusions were futile. In view of possible fatal toxicity of iodoform, greater caution in its use should prevail, though so useful a remedy should not be abandoned.

Useful Formulae.—Dr. John C. Hemmeter, of Baltimore, Md., in an article on intestinal indigestion in the Virginia Medical Semi-Monthly, gives some of his favorite formulae. These have been used in a large number of cases and have been proven by Dr. Hemmeter to be of decided value. We present from his article:

The following is of great usefulness in the putrefactive diarrhea, especially when associated with abdominal pain.

℞ Tannigen, ʒj.
Bismuth subgallate, ʒij.
Salol, gr. xxiv.
Denarcotized ext. opium, gr. iij.

This can either be made into 12 capsules or prescribed with 6 oz. of of some elixir, of which I prefer the elixir of gentian and the essence calisaya, 8 oz. each, in doses of a tablespoonful three to four times a day.

The author's favorite for anorexia from gastric hypochylia in intestinal dystrypsia is the following:

℞ Strychnin. sulphas, gr. ⅓.
Acid hydrochloric dil., ℥ss.
Ext. condurango fl., ℥iss.
Elixir gentian, ℥vj.

M. et. Sig. One-half of a fluid ounce in two ounces of water one-half hour before meals, through a glass tube.

When there are evidences of anemia with the gastric hypochylia, the following acts satisfactorily:

℞ Quininae sulphatis, gr. xviij.
Strychnin sulphatis, gr. ⅓.
Ferri sulphatis, gr. xij.
Acid arseniosi, gr. ⅕.

M. et. Sig. Fiant pil. No. xij. One pill three times daily (must be prepared fresh and not coated).

Boas uses the following powder for anorexia:

℞ Ext. strychn, gr. ⅖.
Bismuth carbon, gr. viij.
M. f. pulv. Dent. tal. dos. xx.

Sig. One powder three times daily.

Menche has warmly recommended resorcin sublimate, and it undeniably improves the appetite in cases of incipient gastric and intestinal fermentation. It has also a slight sedative action. The following is Menche's formula:

℞ Resorcin resublim, gr. 30.
Acid mur., gr. 15.

(Or, if it be indicated in place of the HCl, one may order natr. bicarb., 8).

Aqua destil., ℥vj.
Syr. simpl., ℥iij.
M. D. et ad vitr. nigr.

Sig. Fifteen c.c. (℥ss) every two hours.

The following formulae are recommended by Ewald for anorexia with fermentation:

℞ Tinct. nucis vom., ℥vj.
Resorcin resublim., gr. lxxxj.
Tinct. amar., ℥iij.

Take 10 to 15 drops every two hours.

℞ Ext. condurango fl., ℥vj.
Resorcin resublim, ℥j.

M. et Sig. Thirty drops 4 times daily.

BRIEF MENTION.

A good tonic—the triple arsenates.

Maltzyme is the height of malt excellence.

Lanikol is an efficient remedy in many skin diseases.

Many coughs are due to a simple pharyngitis, which can be easily cured.

Sodium glyco-cholate is highly recommended for gall stones and hepatic colic.

Sodium salicylate is valuable in tuberculous keratitis and sympathetic ophthalmia.

Always keep campho-phenique handy and you will use it every day that you practice.

If you fit glasses send to the Johnston Optical Co., Detroit, Mich., for their new catalogue.

Send for samples of Leiminger's pure solidified formaldehyde. Its value is great and its uses many.

A Roycroft Motto: Speak well of every one if you speak of them at all, none of us is so very good.

The arsenates of strychnine and iron make a tonic combination that has a great field of usefulness.

The administration of yeast, either fresh or dried, continues to yield good results in the treatment of tuberculosis.

Do you want a new location or to sell your practice? If so, write to the American Medical Agency, St. Louis.

Hagee's cordial cod liver oil compound has satisfied many practitioners and can please you with good results.

Leading obstetricians use the funis rings made by Dr A. C. Kellogg, Portage, Wis., who will send you free sample.

Have you a case of epilepsy which you cannot cure? If so, Dr. W. Towns, of Fond du Lac, Wis., will help you.

Hydroleine is a pure and palatable cod liver oil emulsion that has been successfully used for years by thousands of doctors.

Dr. Becker's compound digest is made by honorable people, and so can be depended upon as a reliable medicine. Send for samples.

Investigate the uses of Colfax mineral water. The company will send information regarding this great mineral water upon application.

Send to the McIntosh Battery and Optical Company, Chicago, for their latest catalogue. It contains a large amount of useful information.

Do you want a sure remedy for tape worm? Write Dr. W. H. Gray, Michigan City, Ind., and he will furnish you proof that his remedy is efficient and safe.

Health and Rest—some of your patients need them. The Alma Sanatarium can assist you and return your patients to you. Send for their booklet about the sanitarium.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

LOCAL ANAESTHESIA.

Since there are so many people suffering more or less with haemorrhoids, and since orificial operations along that line have been performed only under general anaesthesia, we desire to call attention to the fact that we have formulated a method by which haemorrhoidal operations are painlessly performed without the aid of general anaesthesia. The operations are rendered painless by using the local anaesthetic, acestoria.

Our method of operating on haemorrhoidal tumors is as follows: First, the patient is instructed to take a cathartic the night before the operation, and an enema in the morning. With a saturated solution of boracic acid thoroughly cleanse the rectum, using a syringe or otherwise, and then immediately inject every tumor in sight with acestoria until each tumor is not sensitive to the prick of the needle. Sometimes it is best to use the bivalve speculum before, sometimes after injection, and sometimes not at all. It depends upon the condition and location of the piles.

With haemorrhoidal forceps, or Pean's artery forceps, pick up each tumor at its center, and turn it out.

We generally use the clamp method when possible. Use Kelsey's or Pratt's clamp. After turning the tumors slightly outward with the forceps which were left hanging to them, each by turn is clamped at its base.

Then with a straight needle put in two or more stitches, as may be needed, back of clamp.

Remove clamp and cut tumor with straight scissors through the white line made by the middle blade of the clamp. There will be no haemorrhage if this line is followed. The stitches are now tied. Each tumor is thus treated. Then with hydrozone and hot water, one part of the former to five parts of the latter, syringe or spray the field of operation thoroughly.

The object of using hydrozone is two fold. It is the safest and best germicide and haemostatic we have yet used, and we have tried many. Not being a poison, and depending upon the oxygen it contains for its action, renders it safe under all circumstances, both externally and internally.

As a dressing we have several times used nothing, simply cleansing with hot water and hydrozone.

An ideal dressing is ordinary sterilized gause moistened with glycozone. Glycozone is anhydrous glycerine saturated with ozone, a powerful germicide and promoter of healthy granulation.

To prevent pain usually caused by the prick of the hypodermic needle, touch the point chosen for insertion with a glass pointed rod dipped into 95 per cent. carbolic acid.

To anaesthetize the ear and stop earache, incline the patient's head to one side and drop into the ear about five drops of acestoria, or sufficient to fill the external meatus.

Use acestoria hypodermically in all cases where incisions or excisions are to be made, such as operations on ingrowing toe nails, removal of splintters from the flesh, opening boils, abscesses, carbuncles, etc.

This subject is dealt with at more length in an article by the writer in the Medical Times and Register for February.

O. W. Green, M. D.,

Chicago, Ill.

TAPE WORM.

Life is too short for any senslble physician to write or talk upon a subject of which he has no knowledge. I take up the tape worm subject for the reason that I have spent 25 years of my life in attempting to analyze the cause and permanent cure of this parasite.

To be brief, I do not know from what source they originate or have their antecedent life, but I believe they exist only when the human system is in a ripe condition to germinate them with life, as the egg of a fly on meat only develops into life when the meat is decomposing, and as soon as the decomposition stops the maggot dies—its usefulness has ceased.

The tape worm will only develop or germinate into life when the stomach and bowels are fired with a diseased condition. No one ever has a tape worm with a perfect, healthy condition of the alimentary tract. Thus the tape worm is the result of a diseased condition of the mucous surfaces, and in removing the tape worm you must cure these conditions or your patient will suffer untold misery. I knew a man who died within a year after having a tape worm removed from him, without proper treatment following the expulsion of the worm.

W. H. Gray, M. D.

Michigan City, Ind.

HERPES ZOSTER.

You must be aware that in herpes zoster, all so-called ointments, paints etc. are not of the slightest use, and that the disease runs its painful course in spite of treatment internal or external. Having a severe case of herpes where the chest, back and the arm was affected, and the patient's pain was unbearable, and knowing the value of ecthol, I ventured to give it a trial. I applied ecthol on pieces of lint, and strange to relate within twenty-four hours, the pain had mostly subsided and the pustules had quite a shriveled appearance. This was the third or fourth day of the disease. The patient made a painless recovery thenceforth. I am giving it extensive trials now in all cases where there is any pus.

D. P. Sethna.

L. M. & S. (Bombay), 111 Girguam Road, Chandarnwady.

TRICUSPID REGURGITATION.

This may result from either acute or chronic endo-carditis. Commonly the condition is insufficiency and secondary to lesions of the valves on the left more particularly the mitral. Another cause is obstructive circulation through the lungs, such as cirrhosis and emphysema, especially liable in chronic bronchitis. The symptoms therefore are obstructions in the lesser circulations, with venous congestion. The signs are first systolic regurgitation of the blood into right auricle and the transmission of the pulse-wave into the veins of the neck. On the contrary there may be marked systolic pulsation into the cervical veins, that of the right jugular being more forcible than the left. Slight oscillations are not uncommon even when the valves are intact. The distentions are at times enormous when coughing. The wave may also at times be observed in the subclavian, axillary and mammary veins. The pulsations may be transmitted through the tricuspid to the inferior cava, and so to the hepatic, and thus causing systolic distention of the liver. This condition may be observed by bimanual palpation over the fifth and sixth costal cartilages. The second important symptom of tricuspid regurgitation is the occurrence of systolic murmurs of maximum intensity at lower sternum. May be distinguished by its soft, low murmur from co-existing mitral.

Dr. Wm. B. Mann.

Evanston, Ill.

The Wisconsin Medical Recorder.

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LEADING ORIGINAL ARTICLES.

INTESTINAL OBSTRUCTION.

REPORT OF A CASE.

By H. J. Achard, M. D., Roselle, Ill.

The importance of intestinal antisepsis is being recognized more and more. From typhoid fever, the ne plus ultra of intestinal sepsis to fermentative indigestion or "dyspepsia," if you prefer the general but meaningless term, the value of remedies keeping the intestines clean after they have been swept by the proper cathartic or laxative brooms, is fully appreciated and the observance of such a course of treatment promises well as to results. Not only can we dispense with the bitter and nauseous mixtures and messes which we have heretofore thought necessary to prescribe, but we are also enabled to really cure cases of obstinate "dyspepsia," which used to run the gamut of physicians only to finally wind up with the quack, to be fleeced, though not benefited in return for the promise of cure, which promise the physicians would not and could not give. I shall reserve the discussion of digestive troubles in general and their treatment for a later paper, and wish to-day to present the report of a case which might easily have become the victim of the too ready scalpel, and which fully demonstrates the value of intestinal antisepsis, as well as the importance of courageously sticking to a given remedy which is known to be right, even though the results may be slow in coming.

On Oct. 30th, 1900, I was called to see Mr. A. H. aet. 45, for "bowel trouble." Patient had been well until two days previously, when he was suddenly taken with severe colicky pains. That same evening his bowels moved freely, but had not done so since then. Early on the 30th, vomiting set in with a distinct faecal taste and smell, and this led to my being called. I found a man in the prime of life, about 5 feet 9 inches tall, well built, whose normal weight might be 180 lbs. or more. At present his appearance was drawn and haggard, expression of face anxious, skin clammy and chilly to the touch, temperature slightly elevated. pulse rapid and rather small. In the region of the ascending colon there was a swelling, about the size of a goose egg, abdomen tense, tympanitic, tender, tongue thickly coated, foul taste in mouth, urine free

and of normal appearance. Within the last year patient had had a very severe attack of faecal obstruction, from which he had recovered but slowly. The history of the previous illness was given me in a very unsatisfactory manner, and I only learned the exact details several days later from his former physician.

I made a diagnosis of intestinal obstruction, possibly due to a twist or a coil in the small bowel, and ordered the W-A intestinal antiseptic tablets (which are compound sulfocarbolates,) one crushed every three hours with hot water, as well as one of Dr. Buckley's sulphur compound granules every six hours. These granules contain pulv. sulfur gr. 1-134, ext. nuc. vom. gr. 1-67, podophyllin, gr. 1-67, collinsonin, gr. 1-134. With this treatment I ordered a large rectal injection. The next day the bowels had not moved, and fearing serious complications that I might not be able to manage without assistance, I called counsel, with a view of determining the exact cause of the obstruction, as well as of considering a possible operative interference. The consultation divulged nothing new, and operation was conditionally decided upon. Before a final decision I gave a high enema of glycerin and water, which caused some wind to pass as well as a small amount of faeces, about the size of a walnut. In view of this result the operation was postponed and the following given: high enema of glycerin and water every three hours, calomel gr. ¼ every hour.

The next day, November 1, the family called further counsel without notifying me. I met this physician, a well known Chicago practitioner, who had attended the patient in his previous illness, and through whom I had on a former occasion several years ago, been led to the use of alkaloidal remedies. This physician decided that the obstruction was faecal, probably pork. He advised the sulfocarbolates and nothing else, except high enemata, and left me to manage the case.

It is hardly necessary to copy in full the report of the nurse, from which I extract the following: The large enemata of salt solution, with or without glycerin, or soapsuds, and eventually nutritive enemata were given at regular intervals as far as possible. The returning water generally brought down small amounts of faeces, brown to yellow, mostly soft. At times wind passed. The enemata were assisted by hot applications and massage, and by way of nourishment panopepton, bovinine, later chicken and pigeon broths and lastly buttermilk were given. A little toast was permitted about the fifth day of the attack. The rectum became very sore in course of time, and further injections were flatly refused. The vomiting and nausea persisted, the former being always faecal in smell and appearance. The nausea was kept in check to some degree by small doses of creolin by mouth. The tongue remained coated for over a week. The pain over the entire abdomen was severe and made hypodermic injections of morphine necessary at times. Tympanites persisted and was very marked.

November 4. Patient was permitted to get up a little and to lie on the sofa. This he stood well and continued at regular intervals. Eventually patient became much exhausted, since he slept but little. He was given strychnin. sulf. gr. 1-60 hypodermically every three hours.

November 6. The calomel was resumed, alternating with strychnin. every three hours.

November 7. The W.-A. intestinal tablets, which had been refused repeatedly, were replaced by zinc sulfocarbolate gr. 1-6 every hour. Coffee had been taken for several days for thirst, cream and water were

ordered for nourishment, as well as large quantities of very hot water on general principles.

November 8. The rectal douche being refused, a soap suppository was introduced which caused a fair sized movement. From this day on the diet was more generous. Toast, scrambled eggs, rice, and, surreptitiously, potatoes, which were then permitted baked, were eaten and relished. On November 10 the calcium salt of the sulfocarbolates was added to the zinc salt, and the alkaloidal aloin, strychn. and atropine granules were ordered given every hour. About one hour after the first of these last named granules had been given, patient began to have a series of copious discharges, which kept him busy all evening and the greater part of the night. The amount of faeces which passed him was enormous, and when I came on my regular visit the next day, I was shown a large pail half full, while the nurse assured me that fully as much had already been thrown away. After this thorough cleaning out, my further attendance was unnecessary and I discharged the patient, who made a complete and speedy recovery.

In reviewing the course of treatment of this illness, it may be urged that a brisk hydragogue cathartic, given early in the game, would have had quicker results and made all the fuss and worry unnecessary. I agree with that, but with the end of the trouble the undertaker would have had his say. I admit that calomel or the A. S. & A. granules might have been given a day or two earlier, and yet on carefully examining the patient every day, I did not think these peristaltic whips advisable until I actually ordered them.

In conclusion I might say that these cases occur more frequently than one might think and that they require very careful handling and a strict adherence to intestinal antisepsis if we wish to avoid injury to the intestinal walls with possible perforations and peritonitis following. I have at this writing a case on hand identical with the one reported, which closely resembled appendicitis on my first visit. A careful study of the case and the success of the remedies applied have convinced me that this present case is likewise one of faecal obstruction.

NEURASTHENIA.

TREATMENT WITH ELECTRICITY.

By Dr. W. H. Willcomb, Ipswich, Massachusetts.

There are few, if indeed any, more complex problems presented to the average practitioner than a true case of general neurasthenia. Until recently the use of electricity has been limited in this field, and where employed the reports have not been particularly inspiring to the practitioner.

With perhaps the exception of obstetrics, there is no branch of practice in which the use of electricity demands the study and care that do diseases involving the brain and nervous system. The value of electricity as a restorative and curative agent cannot be over-estimated. When scientifically applied, the results are sure to gratify both physician and patient; but to attain success, not only must there be a thorough knowledge of electro-therapy, but the operator must be skilled in the mechanical details of treatment. The cause of about one-half the failures in administration of electricity is due to a faulty technique rather than a lack of theoretical knowledge. There is a tendency in studying electro-therapeutics to slight or ignore the more strictly mechanical details, and as a result the student upon entering active practice soon finds himself hedged in. I have come in contact with several instructors and am to a considerable extent

acquainted with courses of study in various schools and colleges. I have found this lack of a thorough study of the fundamental principles of electricity to be almost universal. This is not so much the fault of the school as of the student. A large percentage of those who take up electro-therapeutics are either graduated M. D.s or students taking a medical course. There is an unwillingness to devote the time and money required to master electricity, hence the demand for a brief course. Electro-therapeutics alone furnishes sufficient work to cover a three years course of hard study. What then must we expect from those who devote only a few months of study to this science? Is it surprising that there is so little advance toward the use of electricity in every day practice?

In the treatment of neurasthenia by electricity, there must be made a careful and exhaustive study of the patient and the history of the case. It is particularly important to look for the cause of the existing conditions, whether due to mental or physical strain, and to what extent surroundings and manner of living affect the disease.

The entire treatment of a general condition of nervous exhaustion can be summed up in two headings: A—Remove the cause. B—Promote restoration by a tonic treatment, and as far as possible avoid any temporary stimulation that is likely to be followed by reaction. In a true case of neurasthenia we have not a simple condition of sluggish action, involving a portion of the complex machine we call "man," but on the contrary we have an actual degeneration, to greater or less extent affecting nearly every vital part. Mere stimulation means a forced activity of some part of the system and is almost certain to be followed by a corresponding decrease of vital force. It is because of this that the use of electricity in serious cases of nerve debility should never be attempted by one who is not fully familiar with this branch of therapeutics. Particularly with the faradic current there is the tendency toward stimulation rather than true tonic effect. The employment of the secondary or faradic current is not, as commonly considered, a simple matter either in theory or practice. A variation in the coil, frequency of interruptions and method of application give us a range of effects of which are almost directly opposite to each other in results. To employ the faradic currents safely or successfully, the operator must know first, just what effect he wishes to produce; second, how to best gain the desired result; and third, to distinguish at once between the different phases of the current. It is not enough merely to become familiar with the theory, but there is required a practical knowledge. The same current source and same method of administration may produce opposite results in two patients. Hence there can be no fixed rule.

What I have said in general applies particularly to any disease of the nervous system, and one cannot make a too careful study, both of the individual and of the existing conditions.

As it may be of interest and possibly of aid to my readers, I will describe a case of general nervous exhaustion that came under my personal care: Patient, a girl of 20, had been "running down" for more than a year, been under medical care six months, with constant failure to benefit. The patient's history was one of overwork and great strain, mental and physical, for nearly four years. The case was extremely severe with several complications. The most distressing symptoms were lack of sleep, restlessness and lack of muscular control at times, frequent attacks of hysteria followed the next day by intense headache, appetite poor and digestion faulty. The first point to be gained was to secure sleep and

do away with use of hypnotics, as two physicians had freely employed them previously.

The first treatment was directed toward securing rest, and ignored other symptoms. Gave faradic current the first evening. Patient was induced to retire early and a lady attendant administered treatment, as follows: Employing the current from a medium secondary coil with high frequency interruptions, current strength regulated so as to avoid all sensations of pain, giving merely a pleasant "warm" sensation. Patient lying on her side, a foot electrode was connected with one terminal and placed so as to involve both feet. Operator attached wrist electrode to her left wrist, contact was made to patient through a moist sponge, using a saturated solution of table salt as hot as could be readily endured. Beginning at the thoracic region, operator passed sponge slowly over entire body of the patient, giving particular attention to the spine, taking half an hour for the treatment. The effect was all that could be desired and was followed by a good night's sleep. This was repeated for three evenings and then discontinued for a week. The first effect continued for five days after dropping treatment, when restlessness again showed itself. The seventh day after discontinuing, the treatment was repeated, and once per week after that for four weeks. The second week patient was put on a simple tonic, consisting of phosphates, nux vomica, and arsenious acid. Later the arsenic was dropped and a malt extract (non-alcoholic) added. The third week showed marked change in digestion and appetite. Beginning the tenth day after first treatment, patient was given daily a galvanic treatment, using a foot plate and electrode applied over spinal column in region of the cervical vertabrae. This treatment was given for the purpose of increasing nutrition and promoting cell growth. A current of from 20 to 60 ma. was employed, rising gradually from 0 to maximum, then decreasing to 0 at same rate, reversing poles and repeating; allowed about one minute between 0 and full strength and same on decrease. It is very important in this treatment that there should be no sudden shock, but a constant and regular increase or decrease of current. This requires a rheostat and cannot be obtained by any selector switch made, a good liquid rheostat giving best results.

This general galvanic treatment was continued for three weeks, and so great had been the advance of the patient that further treatment seemed unnecessary. The most persistent and distressing symptoms were the attacks of hysteria, at times bordering almost on delirium. These could be readily controlled with hyoscine hydrobromate or with hyoscyamine, but these merely relieved. Finding that these attacks after other complications were overcome, and finding no organic cause for them, I decided to try faradic high tension treatment. Being called to one of the severe attacks, I at once placed electrodes so as to involve the brain directly in the path of the current. Employing the current from a high tension coil (4,500 feet, No. 36 wire) using entire secondary coil, with highest possible interruptions, and controlling my current by resistance in battery circuit. Beginning with current at 0, I gradually increased until by motion of the eyelids and facial muscles I saw it was causing unpleasantness. The meter in battery circuit showed a current of 12 ma. I decreased current slightly and continued application. In less than five minutes patient began to gain control of herself. I continued application for ten minutes, reducing strength very slowly to 0. Only one other attack has occurred in several weeks, and this a slight one. The ef-

fect of the single treatment seemed to restore vitality to the exhausted nerve centers and reduce the high sensitiveness that previously was present. The fact that the general health of the patient was constantly advancing made the result permanent. This treatment was very cautiously administered and the increase in current very gradual.

I should in connection with this class of cases be very glad to hear from readers of the Recorder who have met or are meeting such in practice, believing that in this branch of the practice the careful employment of electricity will produce valued results.

Note—Where practical, I would favor in every case of this nature administering faradic current through moist sponge held in hand of operator and the coil terminal connected with moist electrode on the opposite hand. By this method it is easier for the operator to know just the fluctuations in strength of current and to more readily control administration.

OBSTRUCTION OF THE VAS DEFERENS BY CARBOLIC ACID INJECTION.

By R. L. Ford, M. D., Beda, Ky.

Written for the County Medical Society.

This is a subject on which I shall endeavor to read a paper. Now, gentlemen, the prime object of this operation is to sterilize the male without the loss of sexual power. I have noted the great interest throughout the civilized world about the overproduction of the diseased, defective and undesirable human beings.

I have thought a good deal on this line myself; and it has occurred to me, even when a student of medicine, that there might be a simple operation on the male sex which would sterilize without the loss of sexual power. While at college I heard a man lecture on the obliteration of the vas deferens by gonorrheal inflammation. He said he had taken out the obliterated portion, unraveled the epididymis enough to reunite the vas, and he supposed the operation was a success for the seminal vesicles refilled.

So I had a case of spermatorrhea to treat and I thought to ligate the vas would be the ideal treatment. I caught up the vas with a fold of the scrotum and run a needle around it armed with a stout braided silk ligature and tied it off. I tightened it down every day till it cut its way out, which was about six days; still the flow continued with the spermatozoa present. I did this operation the third time on either side and still the flow continued with the spermatozoa present, so the spermatozoa certainly burrowed through the cicatrical tissue, for I know I pushed the needle behind the vas every time, but the germ elements were not so plentiful and many of them were deformed.

Not being satisfied with this, I decided I would do one that would at least get rid of the spermatozoa, so I run the needle around the vas, as before, and as soon as the exudates had walled off the stitch and active inflammation had subsided, I divided the vas with scissors. Then I took some sheet brass and rolled some drainage tubes about ¼ inch long and ⅛ inch in diameter, heated them red hot and put them in between the ends of the vas, tissue contraction in a short time was sufficient to keep them in without further trouble. Here I had a chance to examine the fluid as it escaped from the urethra and the spermatozoa as they came from the testicles suspended in a thin watery fluid. No spermatozoa came from the urethra while the tubes were in. The tubes staid in about 30 days and when they came out one of them left a fistulous opening from which the spermatozoa came out for several

more weeks, while the other closed immediately and again the spermatozoa appeared in the seminal fluid. Being satisfied which side let the sperm through, and being tired of the job, I cut down on the vas, picked it up, divided it, stitched up the wound with the testicle end of the vas outside. This got rid of spermatozoa; they have not been seen since.

This did not cure my patient, although he finally got well and married; has had no children, and says he is in perfect health and has had as much passion as anybody, and sensation is unimpaired. His testicles have not atrophied, and the seminal fluid is normal to the naked eye appearance.

In this I learned a great lesson. By further investigation I found that the seminal vesicles were not filled by secretion from the testicles but by the prostate gland principally, and that the testicles only secrete the impregnating element. It seems that the effect of obstruction of the vas deferens on the sexual appetite has not been studied well. An operation to obstruct the vas has been done but a few times, and that on the insane, although there are a great many men sterile from gonorrhea, no doubt from obstruction of the vas, yet the effect is not well understood.

So I studied up the subject as best I could, finding the prevailing idea is that the center to seek sexual congress is located somewhere in the brain, possibly in the cerebellum, and the center of erection and ejaculation is situated in the lumber region of the spinal cord, and that filling of the seminal vesicles pressed on certain nerves, and the sensation conveyed to the spinal cord and brain, excited sexual passion. This being the case, a question arose —why would obliteration of the vas have anything to do with sexual passion when filling of the vesicles excited the passion and the vesicles will fill without the secretion from the testicles; and that they will I have demonstrated to my satisfaction. So I decided to push my investigation further, the first opportunity, by the injection of pure carbolic acid in the lumen of the vas.

A year and a half ago I had the pleasure of trying the experiment, and since then I have tried the second, and the results are as follows: I examined the semen with the microscope, before I operated, to see if it was normal, and found it was, so I made my injection. I injected six minims of pure carbolic acid in the lumen of the vas just where it takes a straight course upwards. The injection causes some pain and afterward there is some epididymitis which passes off in a few days. While it leaves a slight enlargement it gives no further trouble. The testicle does not atrophy. There is no pain after the first few days and ejaculation is perfect, erection is perfect, desire is unchanged, sensation is unimpaired and, after repeated microscopic examination, spermatozoa have not been seen since the operation.

I believe if this operation is properly done it will sterilize nine out of ten. And the demand is so great for something of this kind, if it is generally known that an operation can be done which will sterilize without the loss of sexual power—especially if is absolutely free from danger, which this is,—and carried into practice it will revolutionize the world.

GATHERED FROM MANY SOURCES.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

Use pilocarpin in labyrinthine disease.

Spartein is the best tonic for the aged.

Turpentine gives quick relief in burns.

For bee stings bathe in tincture of aconite.

Glonoin has been well used in opium poisoning.

For subsultus tendinum give macrotin and hyoscyamine.

Salicylic acid is said by some to be a specific in tonsilitis.

Helleborein produces local anesthesia said to exceed cocaine.

For pimples on the hands and face bathe freely with nitrous ether.

Ipecac assuages the rough action of podophyllin when given together.

Hypodermic injections are less painful if given in solutions of salt water.

Tightness and oppression in the chest calls for potassium bichromate.

Subacute rheumatism—sodium iodide, 30 to 60 grs. daily, gives fine results.

Apomorphine hypodermically has produced marked relief in violent gastralgia.

Prominent papillae on the center of the tongue indicate small doses of calomel.

Austin Flint taught that there is no condition in typhoid that may not be recovered from.

Olive oil by the mouth will quiet the pain of hepatic colic—a glassful several times a day.

Hydrastin hypodermically is said to better control uterine hemorrhage than any preparation of ergot.

Some one has said that citrate of caffein is a variable and worthless compound. Have you found it thus?

Potassium bichromate will abort a cold at once and will have a good effect when administered at any stage.

When you give a drug you are after the effect of its active principles. Why not give the active principles themselves?

Creolin (harmless) a drachm to the pint injected high up in the bowel has given excellent results in amoebic dysentery.

Sodium nitrite is an excellent diuretic, acting by increasing blood pressure and by direct action on the kidneys.

In typhoid with scanty or suppressed urine give digitalin and iron arsenate, a granule of each together 8 or 10 times a day.

Calomel in 2 to 10 gr. doses has but little short of specific effect in acute gastritis caused by alcoholic or other excesses.

Loomis aborted quinsy in numerous instances with quinine, grs. 20, administered at the time of the chill and followed by a large dose of potassium bromide.

Calomel and antipyrine cannot be given together on account of the formation of a dangerous amount of corrosive sublimate even when ordinary medicinal doses are given.

A good rule for dosage of infants: If the dose of sodium salicylate for a man weighing 150 lbs., is 15 grs, that of a child weighing 10 lbs. would be 10-150 of 15, or 1 gr.

Antipyrine is of the greatest service in diabetes mellitus. Begin with 31 grs. per diem, increase 15½ grs. daily until 90 grs. are reached, or the amount of urine is diminished.

Beechwood creosote has proven of great value in constipation, 1 to 8 drops twice daily after meals. Begin with one drop, increasing the number until the desired result is obtained.

Atropine is given early in diphtheria to abort the exudation; the condition suggests the remedy. Try it. Pilocarpin has, by producing sweating, loosened the exudation and brought about a cure.

THERAPEUTIC SUGGESTIONS.

CANNABIS SATIVA.

(Sixteenth Paper.)

By E. C. Rothrock, M. D., Tennessee Colony, Texas.

Cannabis sativa is also known as Cannabis indica or Indian hemp. The flowering tops of cannabis indica are used for the medicinal preparations. Cannabis sativa is an annual plant growing eight to ten feet high, the stem is erect, branches bright green, leaves are alternate. This hemp is a native of Persia, and the northern part of India. The hemp of this country is identical with the eastern plant in its botanical character but differs somewhat in medical qualities. The Indian plant is more powerful in its action on the system, which is probably owing to the influence of climate and cultivation. It contains a resin, cannabin, cannabinine and volatile oil. The indigenous plant, apocynum cannabinum, possessing active diuretic properities, is a different plant. In the western countries, hemp is employed as an intoxicating drink. The preparations used in the east are churis, a resin and gunjah, dried leaf for smoking. Siddhi, hashish or bhang is an Arabian confection, in which the leaves are mixed with aromatics and fruits.

Cannabis is an antispasmodic, analgesic, anaesthetic, narcotic, cerebrospinal stimulant, and powerful aphrodisiac. It increases intellectual and motor activity and stimulates the vasomotor nerves, raising arterial tension and depressing sensation.

In dysentery, cannabis indica acts well; in subacute and chronic form we have found it to give good results. It should be continued several days after all symptoms have ceased. It acts well in diarrhoea and can be combined with bismuth or other remedies as indicated, but it is better to alternate with other remedies. Anorexia being present cannabis fluid extract in small doses of 3 to 5 drops three or four times a day will be very useful, given a half hour before meals; appetite will return and digestion will be promoted. In tropical diarrhoea where the tendency is to action of the bowels soon after meals, it will do good, controlling peristaltic action and imparting tone to the bowels; in such cases the food is hurried, imperfectly digested through the intestines by active vermicular movements, then cannabis will act like a charm and by exhibition after food the liability to unpleasant symptoms, is greatly reduced. A fresh good article should always be used. Cannabis will not interfere as opium does with the bile forming functions of the liver or secretions of the intestines. We have found cannabis very useful in chronic cardiac disease, also in chronic Bright's disease.

As a hypnotic it relieves disquietude and distress of the patient, procuring sound and refreshing sleep for several hours. In insomnia the tincture of cannabis acts well as a hypnotic especially in acute mania, in 2 drop doses. It will not disturb the secretions or leave any bad after effects.

In impotence cannabin 1 gr. every 4 hours is of benefit and can be alternated with ergot, phorphorus, nux, or damiana, as indicated. In gonorrhoea we have frequently used the American cannabis with great advantage, given in 4 to 6 drop doses every 3 or 4 hours; the discharge is lessened, also the inflammation, burning pain, and restlessness, and it allays chordee also. My experience with it is that it is more efficient than copaiba. In dysuria and retention of urine, spasm of the bladder and other painful affections of genito-urinary organs, cannabis is a prompt and efficient remedy. For the treatment of many uterine troubles it is a charming remedy. Its anodyne and stimulating powers to the uterine muscular fibre render it an efficient

agent in all such affections. It acts as a tonic increasing the energy of uterine muscular fibre and has an affinity for that organ, but has no power whatever to cause uterine contractions.

It is of great use in traumatic tetanus, paralysis agitans, etc., but large doses in such cases will have to be used to lower reflex activity. In delirium tremens cannabis is one of the best hypnotics that can be used, alternated with hyoscyamine every hour or two. In migrain or sick headache it is quick to relieve, acting on Ringer's migrain centre and frequently preventing the recurrence of the attack.

In asthma, cannabis indica 5 drops specific tincture acts well and gives relief promptly. Sumbul is also good in 25 drop doses. Cerebro-spinal meningitis, vertigo, paralyses of lower extremities, convulsions, stupor, irregular pulse, specific tincture cannabis indica 5 drops every two hours is indicated.

In large doses, cannabis causes intoxication and traits peculiar to the individual are exalted; ideas follow each other so rapidly as to cause a sensation of extended time, minutes appear as hours, or days. It increases sexual desire greatly and muscular activity, sight and hearing are exalted, pupils dilated, anesthesia is produced, reflexes lowered by stimulation of inhibition (Setschenow's centre) and cataleptic condition may ensue; sleep or condition of coma may follow if the dose is large. After effects are dullness, vertigo, headache and confusion of thought, but no constipation, nausea, or vital depression. We have never heard of death being caused by cannabis.

In medicinal doses cannabis will increase the appetite, sometimes ravenous appetite. Repeated continued use of the drug will cause mental weakness, impotence, etc.

MOSQUITOES.

Dr. G. N. Lawson has an article on mosquitoes and malaria in the Yale Medical Journal of which we present the summary:

1. There are three varieties of malaria, (1) the tertian, (2) the quartan and (3) the estivo-autumnal, each produced by its special plasmodium.

2. The female mosquito of the genus anopheles is the extra-corporeal host of the plasmodium of human malaria.

3. The mosquito must first bite a malarial patient in order to become infected.

4. Malaria is only produced clinically, as far as our experimental knowledge goes, by the bite of infected anopheles, (and hence, granting this,)

5, Malaria can de entirely avoided by avoiding the bites of the anopheles.

6. Anopheles can be easily distinguished from culex in all its stages.

7. Anopheles bite mostly by night.

8. The three most effective ways of avoiding bites of anopheles are, (1) by draining the breeding pools; (2) by applying petroleum once a month to such pools as cannot be drained; (3) by protecting sleeping rooms by mosquito netting and avoiding bites during the evening.

(9.) Malarial patients should be protected from mosquito bites, especially early in the season.

In the old days it was deemed necessary that every physician should be something of a botanist. He has always needed to be a chemist. During the last decade, all students of medicine have been made to some degree bacteriologists, and now unrelenting Science has decreed that we all become entomologists.

Let us cheerfully shoulder our new duty, pick up our magnifying glasses and kerosene cans, and fight the bugs.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL MEDICINE.

By Fordyce H. Benedict, M. D., Weedsport, N. Y.

Among the various schools of medicine with their different theories of disease and treatment, which shall we choose?

All systems have drawn from elemental nature the means for their armamentarium, and facts gleaned from experience have sifted down through the ages and proved the stepping stones of each adventurer who has launched a new theory and sought advocates for its adoption. Within the memory of many of us the Allopathic school was the only regular system. Looking over the past century, what strong and noble men have espoused its teachings, and however much some have jeered at its methods, its bleeding, its purging, its emesis, it still stands today, although a much regenerated system, the peer of any other school.

No doubt much of the divergence of thought from the older methods sprang from a desire to reduce the systems of medicine to their simplest forms. Out of this desire no doubt emerged the Homeopathists, and now recently a new school of medicine has arisen, called the Alkaloid or Dosimetric system. Dr. Burggraeve, a professor of Ghent, claims to be the author of this school and it differs in many respects from all others. In one way this system seems to imitate the Homeopathist, namely in the minuteness of its doses frequently repeated, but neither adopting its theory that medicines increase in potency in proportion as they are diluted or that other fundamental theory of Hahnemann, Similia similibus curanter.

In dosimetry only the isolated active principle of drugs is used. As all plants possess more than one medicinal property, by giving only one of these separated from all the rest, you are prescribing a definite remedy to produce a definite result, which cannot be antagonized by any action like that where the whole product of the plant is used. The medicines are put up in coated granules or tablets in the maximum dose for an adult.

There is no fixed dose to be given, but starting out with the known initial dose, it is repeated at frequent intervals until the desired therapeutic action of the drug is obtained, when its administration is either suspended or it is given at longer intervals. By this system of prescribing remedies all danger of serious results is avoided from the peculiar effect certain remedies may have on certain individuals. We all know the idiosyncracies possessed by different organizations so that what would prove efficacious in one case would be wholly inappropriate for another. By observing the effect of the minimum dose frequently repeated, no serious sequelae can occur.

The fundamental principles of dosimetry are treating diseases through the dominant and variant methods—the former being the primary cause of the disease and the latter the resultant symptoms. Although the cause of the morbid change may be known, if the symptoms are of an urgent nature, first modify them, then attack the cause. Whatever the nature of the

disease, whether acute or chronic, graduate the dose according to the effects observed.

By their method of treatment they claim to be able to jugulate many diseases. For instance, in a case of threatened pneumonia, you have at the outset high fever, pain and later congestion. In order that the results of all these symptoms may not advance and produce the condition in the lungs called hepatization, aconitine or veratrine is pushed to the limit to reduce the fever as soon as possible and in conjunction strychnine is added to give tone to the vaso motor nerves and thus prevent stasis in the capillaries, which leads to hepatization.

So also the traumatic fever resulting from surgical operations was judged by Dr. Burggraeve to be due to a stoppage of blood in the capillaries as a result of paralysis of the vaso motor nerves. To remove the cause then he administered strychnine in frequently repeated doses to stimulate the exhausted vaso-motor system, restore the circulation and thus prevent the results of stagnation in the capillaries, viz: congestion, changes in texture and final lesions. In proof that this theory was correct, by his method he reduced the mortality in this class of diseases from 15 or 20 per cent. to 2½ or 5 per cent.

Another of the first principles of the alkaloidal system is rendering the alimentary canal thoroughly aseptic—energetically cleansing it from all accumulations and keeping it so during the whole course of the disease, and supplementing this with remedies tending to disinfect any morbid changes occurring in stomach or bowels.

The alkaloid system is not yet one that can stand alone. It still needs the help of other methods of treatment to perfect it and make it a strong and healthy child. Although it has given to us many new remedies, its armamentarium does not include a sufficient number of the isolated principles of drugs to permit us to rely wholly upon their use in treating the various diseases we must meet in the practice of medicine. As an auxiliary to other methods I have no hesitation in recommending it and a short experience in its study has taught me that it has in many respects a superiority over any other school of medicine.

As I said in the beginning of this article, "among all the different schools of medicine which shall we choose?" I would say all that comes to our hands bearing upon its face the stamp of consistency and which experience has proved to be the best—that choose. All systems of medicine must start out with the idea that living matter can be modified by therapeutic agencies—that life is dependent upon a vital equilibrium being maintained in our bodies and any change what so ever either of vital force or living matter must result in disease.

The question of how to maintain this subtle adjustment between force and matter is the question which confronts the physician. Nature alone will sometimes produce compensation in diseased organs and our constant aim should be to imitate her.

If there are diseases we cannot permanently cure, can we not by proper remedies so adjust the rythmical motion of a living organism as to produce compensatory functional changes and thus prolong life?

Every intelligent physician lives in an atmosphere of mystery. Strive as we may, we cannot solve a minimum of the questions presenting themselves to us in our daily rounds.

This vital force which we call life and with which we are constantly battling—of what does it consist?

Take your microscope, graduate

your chemicals, search it out as you may you cannot find it.

It is not in the brain, it is not in the spinal cord.

Electricity is one of the subtlest known forces in nature.

Is that the vital force? Perhaps so.

Or does not this mysterious element which courses through all our systems dwell in the fact that the constant movement of particles of matter one upon the other produces warmth, warmth nervous energy, nervous energy vital force?

"God breathed into the first man the breath of life and he became a living being"—set the heart in motion sending its life-giving current throughout our entire bodies and thus interdependence sprang into being, one particle catching energy from another till the whole organism moved in one grand cycle of living pulsating life. When death comes motion ceases.

We approach that form so recently throbbing with the thrill of existance and how cold and still it lies in its abrupt conclusion.

That form so lately touched at birth with the warmth-giving power of life, death has stilled so soon, sooner than the great possibilities of so grand a being as man would seem to merit.

The casket of life is there, but its vital energy has fled and no mysterious power of physician, necromancer or magician can bring it back to its former habitation and we turn away —impotent in the face of this dull, unanswering silence.

ALKALOIDAL THERAPEUTICS.

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

(Third Paper.)

FUNCTIONAL DYSPEPSIA.

Difficult or imperfect assimilation of food is generally known as indigestion or dyspepsia.

The principal causes of this affection are too rapid eating, too much water, tea or coffee at meals, too little exercise and the abuse of tobacco. We eat anything and at any time, hardly realizing that we have a stomach until disaster reveals it to us

The dyspeptic suffers from lassitude, headache, vertigo, disturbed sleep, jerking of the muscles during sleep, irritable temper and a frequent, irregular heart, with disturbed action of the liver if the disease continues very long. The bowels are constipated, the tongue is usually brown and indented by the teeth, and not much if at all coated. The patient is gloomy and imagines he has some organic trouble.

There are five principle varieties of this affliction, which we will endeavor to briefly mention. First we take up atonic or nervous dyspepsia which is attended by anorexia and a sensation of weight after meals is usually experienced, During digestion the patient is heavy, stupid and usually falls asleep. There is irritability of temper and other nervous disturbances.

Second, we consider acid dyspepsia or heart burn. This form is seen in people who bolt their food without properly masticating it. The stomach becomes overtaxed, and fermentation occurs from improper secretion of gastric juice. These patients complain of pains after meals and extreme acidity.

Third, we append a few of the principal phases of flatulent dyspepsia. In these cases there is delayed digestion, and perhaps acidity from fermentation of food. There is offensive breath, distention of the abdomen after meals, and often eructions of gas with much noise.

Fourth in order is pyrosis or water brash. In these cases vomiting usually occurs. The vomited matters consist of thin, glairy, alkaline fluid from the lower part of the oesophagus

or stomach. Flatulency and other dyspeptic symptoms are present.

Last, but not least, we come to hysterical dyspepsia. These cases occur in hysterical patients, principally in women, and are characterized by vomiting after meals. Enough food remains, however, to nourish the patient who does not loose much in weight.

The treatment consists in avoiding the cause, if it can be discovered, and preventing any nervous strain, especially at meal times. Regulate the diet, giving the patient whatever agrees with him best. Give quassin and strichnine arsenate, three granules of each before meals, in hot solution, with five or six drops of hydrochloric acid in water after meals. Use a teaspoonful of saline laxative every morning. Give water freely two hours after taking food. Two meals a day are often all that can be digested.

ALKALOIDAL NOTES.

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

For the removal of warts and molds use ethylate of sodium.

We suggest monobromate of camphor in acute nasal catarrh.

A few drops of chloroform on sugar will quickly relieve acute abdominal pains.

Calcium sulphide for furunculosis, given in ¼ gr. doses every two hours until saturation.

Hay fever has been successfully treated by strichnine arsenate pushed to the point of tolerance.

Aspidospermine in dyspnoea whether cardiac (functional) asthmatic, bronchitic or emphysemic. Four or five granules of 1-67 gr. may be administered at short intervals until effect.

Calcium chloride in ten gr. doses every three hours is worth trying in all forms of persistent hemorrhage, especially hematoptysis, hematuria and hemorrhage of typhoid fever. It acts by increasing the coagulability of the blood.

GLONOIN.

This remedy, which is used so much by dosimetric practitioners, has a wide field of usefulness. Dr. H. E. Lewis, writing on glonoin in Merck's Archives, says:

In all conditions of spasmodic contraction of muscular tissue, glonoin is of marked service. In angina pectoris it is equaled by no other drug, but should be given in full doses. The drug is very useful to relieve the dyspnea, precordial distress, aud renal symptoms which usually accompany arteriosclerosis. It is also an efficient means of delaying the progress of senile gangrene and Raynaud's disease, and used early occasionally prevents their onset. In sciatica the hypodermic injection of 1-50 gr. of glonoin combined with ¼ gr. of morphine will frequently give marked relief when morphine alone will have no effect. Mikhalkin claims that glonoin has very pronounced antineuralgic properties, but I have not found it very useful in general neuralgic conditions. Osler recommends the long-continued use of glonoin for relieving the high tension and pains of locomotor ataxia. In acute Bright's disease, with increased arterial tension, the action of glonoin is very salutary, and in uremic convulsions its combination hypodermically with pilocarpin is of marked value. I have used this combination (glonoin with pilocarpin) in a case of puerperal eclampsia with a very prompt and happy result.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

CINNAMYLIC ACID IN TUBERCULOSIS.

One of the great yellow papers published in Chicago and New York has given considerable notoriety to a so-called cure of a bad case of consumption by a prescription the principal ingredient of which is cinnamylic acid. It is interesting to compare with this a report by Finkelstein in Vratch for Feb. 3d. After trying the remedy in a large number of cases he comes to the conclusion that the results could not be considered favorable or encouraging. The best that could be said about the drug is that it did no harm. The slight improvement which took place in some of the cases could be very well attributed to general treatment and other favorable conditions under which the patients are placed in sanataria.

NEW TREATMENT OF FRACTURES.

In the Boston Medical and Surgical Journal for March 28, a method of treating fractures is advocated by Leonard F. Hatch which is strictly in accordance with modern surgical advance and both reasonable and practical. It consists in simply opening up every fracture, compound as well as simple, so as to gain access to the seat of injury. This must be done under strict antiseptic precautions, shaving and scrubbing the limb and protecting it by sterile cloths during the work. By the use of position and a rubber constrictor bloodlessness is secured. In a compound fracture the wound is enlarged, in a simple one the place for the incision may be selected. The best points for incision are for the tibia along the crest, for the femur along the outer side of the thigh, for the radius behind the supinator longus, for the ulnar along the ulnar side of the arm where the bone is most superficial, for the humerus along the outer side of the arm. All clots, shreds of tissue, loose pieces of bone and other debris, also sharp points of bone are removed, all bleeding points tied, the periosteum if torn carefully replaced, coaptation of the ends of bone secured and the wound closed with catgut sutures. The splints, one of which is best applied before the sewing up of the wound, must be sterile. The injury may then be bandaged firmly, as not much swelling will result. On the seventh or eighth day a plaster cast or ambulatory splint may be substituted. It is claimed that with this method of treatment splints can be discarded at least one week earlier than under the old. While in this way the first treatment of a fracture would be made much more of an operation than it is at present, the advantages it offers are so obvious that we expect to see it taken up generally. It substitutes certainity for guesswork which is harassing to the surgeon's mind. Under modern methods we do not fear to enter the cavities of the peritoneum or the brain. Surely, we ought to be able to avoid sepsis in handling fractures in the way described

ECZEMA.

To the great number of remedies in use for the treatment of eczema we may add another which comes highly recommended by German observers. Lenigallol, the triacetate of pyrogallic acid occurs in the form of a white crystalline powder, insoluble in water. Brought into contact with chronically

inflamed skin it gradually gives off free pyrogallic acid. On healthy skin it is entirely non-irritating. Its use has given excellent results. Twenty parts of it to eight parts of zinc paste, or ten parts mixed with tar and zinc paste is used in the milder cases and ordinarily all the inflammatory parts are colored black at the end of the first day. In a few cases the results were unsatisfactory, because the caustic action was too slight.

ALCOHOL AS A MEDICINE.

The Philadelphia Medical Journal of April 20, contains a brief abstract of recent investigations of the medical value of alcohol. It is remarkable that the reports come almost entirely from European observers, men who probably were not biased by any preconceived or sociological prejudices. The unanimous verdict is far from being in favor of alcohol as a health restorer. It seems to indicate that alcohol, even in small doses, exerts a deleterious effect on the cells proper, and while possessing high caloric power, it is, nevertheless, a cell poison. It therefoee seems that its continued use in acute infectious diseases should tend to produce precisely the effects against which it is directed.

DIFFERENTIATION OF BLOOD.

The report in our last number needs an addition or modification. One investigator affirms that the same reaction is produced by human blood and that of the ass. Consequently the medical expert can only testify that a certain specimen may be blood of a man or an ass. Verily, science at times corroborates empirical knowledge. Close kinship between certain specimens of the two genera has often been asserted.

A FEW POINTS ON TYPHOID FEVER.

From the office of the Surgeon General has been issued in pamphlet form the report of the commission appointed to investigate the causes of typhoid fever in the military camps during our late war. While it contains nothing absolutely new, it is a very instructive little work by some of the best men—Walter Reed, Victor C. Vaughn and Edw. C. Shakespeare. A few points are brought out with considerable clearness. The old controversy whether there is such a disease as typho-malaria is reopened and brought to a satisfactory conclusion, this time not merely on clinical evidence, but by exact microscopic and biologic investigation. These observations show that a person in whom the plasmodium malaria is present may subsequently become infected with the typhoid bacillus, that during the active course of typhoid fever malaria may remain in abeyance and reappear during the period of debility attendant upon convalescence. The disease is always either malaria or typhoid, not a compound or hybrid of the two and the term "typho-malaria" should therefore be dropped. Of great interest is the finding of the commission that drinking water was a subordinate factor in the dissemination of the disease, but that it was mainly spread by mechanical means, such as personal contact, soiled clothing, bedding, tenting, flies and infected dust. In civil practice the same factors may become active, but they have heretofore been largely disregarded. Previous diarrhoea or gastro-intestinal disorders were not found to have any special influence upon the development of typhoid. To a cetain extent diarrhoea may even be protective, in as much as it serves to remove mechanically the specific bacilli from the intestinal tract. However, by its general weakening effect it reduces the power of resistance and thus undoubtedly makes typhoid infection easier.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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ANESTHESIA

A very encouraging sign of the times is the more careful attention being at present given to the administration of anesthetics, by the profession. It is lamentably true that many surgeons have been too careless in employing inexperienced and unskilled persons to administer anesthetics. The anesthetizer should always be skilled and the purest anesthetics used. The patient's condition should be understood before administering any anesthetic and while giving it, the patient should be carefully watched every moment. In an article in the Philadelpha Medical Journal on this subject Dr. D. H. Galloway, of Chicago, says; "Many operations are practically devoid of danger, but no anesthetic is ever administered without jeopardizing the patient." This is a statement of fact which every practitioner knows to be true and one which should always be kept in mind. We wish every medical student could have this impressed upon his mind. Teachers in medical schools should teach this to their students and should give much more attention to giving proper instruction upon this important subject. Three recent deaths from anesthetics in Chicago caused Dr. Galloway to write his article urging greater care. Among other things he says:

"Sepsis can be absolutely avoided, but the danger from anesthetics does not seem to be diminished. It seems that in our present state of knowledge no human foresight or skill can prevent occasional fatal results from anesthetics. It may be that these three cases were all of the unpreventable kind; but most of us know that of all surgical procedures the administration of anesthetics receives the least amount of attention and skill. Thousands of patients are anesthetized every year in Chicago by persons wholly devoid of skill in the use of these agents, who are unable or unwilling to give to the work the amount of attention that is given to every other surgical procedure by every one making any pretensions to surgical skill.

A surgeon once told me that he did not care who gave his anesthetics, that he believed they were just as safe in the hands of one person as another. He acknowledged having had a number of deaths from anesthetics. If his opinion is correct, this is the only instance on earth where knowledge and skill are of no advantage in carrying on a complicated process. I belive few surgeons would have the hardihood to make public such an opinion if they held it; yet the majority of them in practice act as if this were their opinion. They are perfectly willing that medical students or recent gradtates without any skill or instruction; or, even persons making no pretense to medical knowledge, should administer anesthetics to their patients. In remote districts, where doctors are few, and emergencies are urgent, this is justifiable. In a city like Chicago such emergencies almost never arise. There is another opinion among the profsession at large which is that if a patient is taken off the table alive the anesthesia has been entirely sucessful, though the patient lies in a stupor for hours. There is scarcely a greater mistake than this."

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

PRINCIPLES OF SURGERY. By N. Senn, M. D., Ph. D., LL. D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of United States Volunteers and Chief of the Operating-Staff with the Army in the Field During the Spanish American War. Third edition. Thoroughly revised with 230 wood engravings, half-tones and colored illustrations. Royal octavo. Pages, xiv—700. Extra cloth, $4.50, net, sheep or half-russia, $5.50, net. Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914–16 Cherry Street.

The many new discoveries of the last few years have made such a work as this needful, not alone to the medical student, but equally as much to the practitioner. The previous editions of this work have been thoroughly appreciated by the profession, and this new edition will at once meet with a large sale. The book is excellent, both as a theoretical and practical work. Surgical tuberculosis is treated upon with especial thoroughness. Clear, concise descriptions are given of the best methods of treating the various manifestations of tuberculosis. Brain abscess is a subjeet that is of especial importance, and this is clearly presented with the most modern treatment.

The book gives the etiology, pathology, diagnosis, prognosis and treatment of the injuries and affections that the surgeon is called upon most frequently to treat. This edition contains two new chapters, one on Degeneration and the other on Blastomycetic Dermatitis. We know that any practitioner having this work will refer to it frequently.

The illustrations, consisting of many colored and half-tone plates and cuts, add very much to the work. As bacteriology is an important feature of the volume, good illustrations are especially helpful. The books of the F. A. Davis Company are always well printed, substantially bound and reasonable in price, and this book is issued in their usual style.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and Other Topics of Interest to Students and Practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M. D., of Chicago; Alexander D. Blackader, M. D., of Montreal; H. C. Wood, M. D., of Philadelphia; T. M. Roatch, M. D., of Boston; E. Landoldt, M. D., of Paris; Thomas C. Morton, M. D., and Charles H. Reed, M. D., of Philadelphia; J. W. Ballantyne, M. D., of Edinburgh, and John Harold, M. D., of London, with regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Illustrated with numerous plates; pages 312. Extra cloth $2.00. Volume I. Eleventh series, 1901. J. B. Lippincott Company, Philadelphia.

The first issue of the new series of

this valuable work presents many of the features of a year book in addition to the regular clinical articles. Dr. A. A. Stevens, of Philadelphia, presents a summary of the most important new remedies. Dr. N. J. Blackwood writes of the progress of medicine during the year 1900 and devotes over one hundred pages to describing the various advances made in medicine and surgery. Photomicrography is treated of in an article by Dr. W. H. Walmsley, which is illustrated by numerous plates.

Prof. Roncali, of the Royal University of Rome, contributes a clinical lecture, Compression of the Brain, which is instructive and helpful. He presents the following conclusions with regard to surgical intervention in traumatic lesions:

"First, that immediate trephining should be done whenever a depression of the skull exists, whether this is accompanied by a solution of continuity of the soft tissue or not. Second, that the unusual faculty of compression possessed by the nervous tissues and their tolerance of pressure under certain circumstances should not induce the surgeon to delay trephining. Even though the compression may not produce symptoms at once, it is sure to have a hurtful effect upon the brain sooner or later. Third, that in cases of depressed fracture of the skull there is never any need to wait for ocali zing symptoms to manifest themselves. Secondary trephining often either cures only for the time being or entirely fails to cure. This failure depends first on the fact that the nervous elements have contracted such a habit of morbid explosive activity that the convulsions continue to recur in spite of the removal of the cause that first produced them; and, second, the degenerative processes set up in the cortex as the result of compression become inveterate, and a complete return to the original physiological condition cannot be hoped for. Fourth, that coma, in place of being a contradiction to immediate trephining, is really an indication. Fifth, the damages of immediate trephining are less to be feared than those of the same operation done later, because in the first case infection, if it takes place, will be only extradural, as a rule, while in the second case there is risk of intrameningeal or intracephalic infection. Sixth, the therapeutic results of immediate trephining are excellent. The results of the secondary operation are often incomplete, nearly always unsatisfactory, and sometimes, instead of producing amelioration, are followed by aggravation of the symptoms. Seventh, in cases of depressed fractures of the cranium in the new-born which occur as a consequence of obstetric manipulation, craniectomy should be done, even though there may be no localizing symptoms. In a word, the rule as to immediate elevation of any depression of the bony vault holds good for all ages."

The volume contains twenty articles by eminent members of the profession. This is an especially practical issue and every practicing physician can derive much benefit from a careful perusal of it.

BOOK NOTES.

The Ladies' Home Journal for May has a great variety of entertaining and useful matter for all members of the household.

Modern Culture is different from all the other magazines, so no matter how many others you take, you need it. It has features distinctively its own.

The Therapeutic Monthly is a new journal soon to be started in Philadelphia. It will be edited by Dr. Jas. Tyson, Dr. T. L. Coley and Dr. T. M. Tyson. It promises to be a successful publication.

McClure's Magazine is far in the

lead of many of the popular magazines of the day, both in the value and interest of its articles. It is one of the wonders of the age that such a magazine can be sold at 10 cents a number.

Success is one of the great successes of the day. The valuable features of the magazine and the energy of the publishers have built up an enormous circulation within a few years. Success shows what merit and push will do.

The Philadelphia Medical Journal has made a marked improvement under the new editorial management. Dr. James Kendric Lloyd is editor-in-chief, and his editorials have a broad and scientific spirit, which will increase the strength of the periodical. The issue for May 4 contains 68 pages of reading matter, a supplement of 24 pages presenting abstracts of late literature from all parts of the world.

The World's Work for May begins the new volume, and we advise our readers to get the number and see what a desirable periodical it is. It is a prince among magazines. "President Diaz and His Successor," is a leading article of great interest, and a biographical sketch of James J. Hill is especially timely. Senator O. H. Platt contributes a valuable article, "The Solution of the Cuban Question." "Our Consuls and Our Trade," and "Breeding New Wheats," are instructive and interesting articles. These are only a few features of the number. The progress of the world is given every month in condensed form in this magazine. If your newsdealer does not sell it, send to the publishers at 34 Union Square, New York City for a copy.

Paul Laurence Dunbar's new novel, "The Sport of the Gods," is published entire in the May "New" Lippincott's Magazine. This is by far the strongest and best fiction from a pen noted for its humor and pathos. Opening with a false arrest, trial—so-called—and conviction in a southern town, the tale shifts to New York. Here the writer speaks from the heart when he says of the southern negros who come north seeking their fortunes: "It was better for them to sing to God across the southern fields." In the cases of Joe Hamilton and his pretty sister Kitty this was undeniably the truth. Towards the end a "yellow" journal reporter discovers the secret of the early arrest. His acumen not only brings glory to his paper, but reunites those with whom the "gods" have been "sporting." The number also contains the usual variety of short stories and articles.

Messrs. G. P. Engelhard & Co., Chicago, who are known as extensive medical publishers, announce the early publication of The Standard Medical Directory containing a complete list, revised to date, of the physicians of the United States and Canada. Supplementing this important Directory will be nine associate Directories comprising a full list of all drugs and medicines in use; of hospitals and sanitariums; of medical publications and medical journals; medical officers of the army and navy, and of the marine hospital service; medical colleges and nurses' training schools; national, state, county and local medical societies; medical examining boards and medical laws; state boards of health; and a list of all manufacturers of products related to medicine. The work will be issued in one volume of about 1,000 imperial octavo pages, printed on good quality of paper and bound in handsome library style. The work of compilation, in which the editors have the co-operation of the officers of the leading medical organizations of the country, is actively in progress and the Directory is due to appear about July 15. Prompt responses by physicians to requests for individual data for entries are solicited by the management as a matter of mutual advantage.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Adrenalin.—The 1-500 to 1-5000 solution of adrenalin chloride can be used wherever the local use of supra-renal capsule is indicated. Adrenalin is the active part of the supra-renal and has the advantage of not so quickly decomposing.

Chorea.—Reports of the treatment of chorea with passiflora incarnata, show very satisfactory results. Its sedative effect on the nervous system, together with its mildly laxative and diuretic actions, effect cures in many cases. In using passiflora it is necessary to have a good preparation to secure the desired results. Daniels' concentrated tincture can always be relied upon.

The Osteopaths.—The osteopath bill was disposed of in the Wisconsin legislature and a substitute bill passed. This provides for an osteopath on the State Board of Medical Examiners and requires that those desiring to practice osteopathy must take the regular examination except in materia medica, therapeutics and surgery. Applicants to be admitted to examination must have studied osteopathy for four years.

Chiodonine.—This preparation contains the alkaloids of chioanthus virg and chelidonium. It is a preparation which all practitioners will find useful as it relieves all torpid and congested conditions of the liver, these alkaloids giving assurance of such action. It is prepared by the H. M. Merrell Co., which is sufficient evidence of its pharmaceutical excellence. Better send for a sample lot today and add it to your armamentarium.

Dr. Draper.—William Henry Draper, M. D., died at his home in New York City, of pneumonia, April 26, aged 70 years, For years he had been a leading medical practitioner of New York. He was connected with a number of the leading hospitals for many years. He was a graduate of College of Physicians and Surgeons and was professor of clinical medicine in his alma mater for about twenty years.

Psychological Fiction. — In the realm of psychological fiction probably no modern author is better known or more highly esteemed than Mrs. Elizabeth Stuart Phelps. Her drama, "Within the Gates," begun in McClure's Magazine for May, presents the efforts of certain disembodied spirits to communicate with there irresponsive friends on earth. The dramatic form in which the work is set adds a forcefulness to the theme that could not have been attained in a narrative.

Bed Sores.—Dr. Smithwick, of La Grange, N. C., in January, 1901, No. of the Maryland Medical Journal, says: When, in disease, bed sores occur we must use the best means for healing them and making the patient comfortable. In my experience I have tried a great many things, but have come to the conclusion, which is substantiated by clinical results, that I obtain the best results by thoroughly washing

the parts with warm normal salt solution, bathing in peroxide of hydrogen, and dressing in pledgets of cotton or strips of guaze soaked in ecthol. This dressing is repeated once, twice or thrice daily as the urgency of the case seems to demand.

Epithelioma.—In the March Recorder, page 88, we spoke of the method of treatment of epithelioma used by Dr. A. W. Brayton, of Indianapolis, Dr. Brayton writes on the subject in his journal, The Indiana Mtdical Journal, as follows: This method is especially adapted to small cancers of the skin, particularly about the lids, bridge of the nose, lips, behind the ears, and in the very superficial form of epithelioma known to English clinicians as "rodent ulcer," There are many patients who fear the knife and the actual cautery, but who can be led to submit to caustics. And they are not compelled to go to the hospital for a week, as in the cutting operations. As to the permanence of cure, there are many operators who have cases without recurrence for from two to ten years after the use of chemical or the actual cautery. There is less danger of disseminating cancer growth into sound tissues by caustics than by the knife. As a general rule it will be found that general surgeons favor the knife; cutaneous surgeons and general practitioners favor the thermo cautery, or chemical escharotics. Acid nitrate of mercury, preceded by the use of carbolic acid, does not produce the pain and swelling which follow several hours' application of arsenical paste or of zinc chloride. Every physician should advocate the immediate removal of all moles, angioma, senile warts, ordinary warts, and all sores, on persons over 40 years of age which do not heal readily with ordinary care and cleanliness. Any so-called benign cutaneous tumor is more likely to become cancerous than is the clean connective tissue scar caused by its removal.

Medical Societies.—The annual meeting of the American Medical Association will be held at St. Paul June 3d to 7th, and a great and successful meeting it will be. The Minnesota State Medical Society also meets at St. Paul at the same time. The fifty-fifth annual meeting of the Wisconsin State Medical Society will occur at Waukesha June 26th to 28th. There is every indication that the Waukesha meeting will be the largest in the history of the society. Waukesha is an especially attractive place for a meeting—with its famous springs and many fine hotels. It is announced that the dates of the next meeting of the Mississippi Valley Medical Association have been changed from the 10th, 11th and 12th of September to the 12th, 13th and 14th of September. This change has been made necessary because the dates first selected conflicted with another large association meeting at the same place. The meeting is to be held at the Hotel Victory, Put-in-Bay Island, Lake Erie, O., and the low rate of one cent a mile for the round trip will be in effect for the meeting. Tickets will be on sale as late as September 12th, good returning without extension until September 15th. By depositing tickets with the Joint Agent at Cleveland and paying 50 cents the date can be extended until October 8th. This gives members an opportunity of visiting the Pan-American Exposition at Buffalo, to which very low rates by rail and water will be in effect from Cleveland. Full information as to rates can be obtained by addressing the secretary, Dr. Henry E. Tuley, No. 111 West Kentucky Street, Louisville, Ky.

Ptomaines.—One of the leading specialists of the South, Dr. W. L. Bullard of Columbus, Ga., concludes

a highly interesting and instructive article on Ptomaines in the following manner: In all my twenty years' experience at special work, where the quick and safe relief of pain is the object of treatment, I have found nothing to equal five-grain antikamnia tablets. This remedy is not only a foe to ptomaines and their absorption, but is also a corrective in cases of poisoning by food decomposition. As purely pain relievers, these tablets of course are recognized the world over as non-cardiac depressants, and free from any tendency to produce habit. I would also call the attention of the profession to those instances wherein it is strongly advisable to rid the system of the materies morbi as well as to correct their harmful influences whether it be in the poisons of food-decompositions or the absorption of ptomaines. In such cases I know of nothing better than laxative antikamnia tablets. These tablets judiciously administered rid the system in a perfectly natural manner of the offending material and lessen therefore the quantity of medicine necessary to be taken by the patient and produce no disturbing influences on the delicate molecular interplay of the nervous structure.

Mechanical Treatment of the Stiffened Joints.—Dr. James McMorrow, of Syracuse, N. Y., reports a very successful result from the use of a mechanical treatment for stiff joints. He writes as follows: Patient is placed on the table, on his back, and an anesthetic is administered. When there is a contra-indication to ether or chloroform, use cocaine hypodermically around the joint. The joint is then stretched by extension and counter-extension to a degree depending on the severity of the ankylosis and deformity. A posterior split is then applied and held in place by a roller bandage. This is left on for about two weeks, which time is usually sufficient to bring the joint to a normal position and a nearly normal condition, except in the severest cases. When there is marked contraction or fibrous ankylosis the joint is stretched as far as possible the first time, the splint applied, and in two or three weeks the joint is again stretched—this time to a normal position. In all cases take the splint off each day and gradually exercise the joint, passive and active motion. The physician must use judgment as to the amount of stretching he performs at the first treatment. If he exercises due care and is not too heroic in stretching the joint, he will be able to correct many degrees of deformity and stiffness or ankylosis, without inflammation following the stretching. The old method was more severe, was often followed by acute exacerbation and the plaster cast was used for several months. I have recently performed this operation on a case that had been greatly benefited with the Roberts-Hawley lymph, but in which there stilled remained a very marked stiffness and contraction with deformity of one knee joint and incomplete ankylosis of the other joint. Several of our most prominent surgeons advised against the treatment outlined above. As a result of the stretching, manipulation and splint, the patient's joints are now perfectly straight and there is no sign of inflammation or other bad results following tne operation. This operation should be used after the lymph has been used about two months, or even 40 days, and the lymph should be continued during the time the splints are used and for several weeks afterward.

Cellular Therapy. — This expression has come into such general use during the last few years that we think little of its origin or of how much it

comprehends. It covers a principle of therapy which the profession now considers valuable. We have published considerable along this line and our attention has been called to the fact that Dr. John Aulde, of Philadelphia, introduced the term "cellular therapy." Dr. Aulde's definition of it is: "The name applied to the method in therapeutics of exhibiting properly selected medicaments with a view to restoration of cell-function. It aims to apply scientifically those remedies that experience has shown to possess special curative properties in the restoration of disordered functions." In an article in a recent issue of the International Medical Magazine, Dr. Aulde says: It is probably within the limit to estimate that at least one-half of all remedial agents now administered are given with the object of modifying in some manner the functions of the cellular structure of the human body. Thus, we have opium and bromids which effect the brain cells, lowering their activity, physically and physiologically, while other remedies, such as strychnin, produce the opposite effect; that is, one will in a measure counteract the effects of the other. We have remedies which increase the physiologic activity of the entire cutaneous system, like pilocarpin, and others, like belladonna, which lessen or arrest this activity. Again, we have remedies which increase the functional activity of the cellular structures of the kidneys, and where deemed advisable we can without danger to the patient exhibit remedies which will double or even treble the flow of urine, increasing likewise the amount of urinary solids, all of which goes to show the importance and far-reaching influence of cell-medication. It shows also the necessity of studying the function of the cell as a factor in restoring the body or any diseased organ to its normal condition.

Ten years ago the writer was so profoundly impressed with this fundamental truth that he ventured to recognize the idea by naming it "cellular-therapy." This naturally led to an inquiry relating to the normal functional activity of the cells and a closer study of the clinical effects produced by individual remedies. At this juncture I concluded to make a record of my clinical experience for future reference, limiting my notes to the single remedies and a few combinations carried in the pocket case, which had proven so acceptable for several years past. Later these notes were published in book form under the title of "The Pocket Pharmacy." As the study of cell medication advanced, a number of interesting questions involving extremely complicated conditions came up for consideration. For example, recognizing the properties of certain remedies to modify cellular activity, the query arose as to the probable cause or factor responsible for creating and maintaining the normal functional activity of the cellular structures, and since cellular pathology is not an altogether unknown territory, it did not appear to be beyond the range of possibility that we should be able to determine with some degree of certainty the character of the substance provided by nature to enable the cells to resist the inroads of disease.

Physiological investigation fortunately here comes to our aid, and demonstrates both clinically and experimentally that this suppositious substance does in fact occur, and that its character is that of a nontoxic antiseptic, technically, a phosphorized proteid. So far several substances of of this peculiar character have been found in the animal tissues, all being classed indefinitely under the head of "defensive proteids," and later investigations show that nuclein is the chief of these products. It has been further demonstrated that nuclein, or

alexin, as designated by English and some continental writers, is a delicate and complex substance, the product of the polymorphous white blood corpuscles and that its function is to maintain a healthy condition of the tissues and fluids of the human body. But the defensive proteid called nuclein exists also in plant life, and it appears therefore that a non-toxic antiseptic is quite as essential in the vegetable as in the animal kingdom. Nuclein for therapeutic application can be obtained from both vegetable and animal sources, but in the opinion of the writer, the latter is to be preferred, inasmuch as the finished product is more readily assimilated by the tissues. The nuclein product which I had the honor to bring to the attention of the medical profession nearly seven years ago, has already accomplished far more than was originaliy claimed for it, and judging from the highly commendatory reports appearing from time to time in current medical literature, I am confident that eventually it will occupy an important place in the armamentarium of the general practitioner.

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Acne.—This disease one of the troubles which physicians have usually considered hopelessly obstinate. Recently more attention has been given to careful study and treatment of the disease, securing more satisfactory results. Dr. H. H. Koehler has a very comprehensive article on acne in the May number of the Louisville Monthly Journal of Medicine and Surgery. He says that arsenic, which is so frequently prescribed in acne, is never beneficial and is often harmful; and that tar, in soap or ointment, has no place in the treatment of acne. He believes in no direct internal treatment except general improvement of health and good elimination. In some cases calcium sulphide helps by restraining the suppurative process. We present the following from the article, believing that it will interest many of our readers: The effective treatment of acne in its various forms is a local treatment. The kind that is associated with a sluggish skin, innumerable comedones, a general oiliness of the skin, and much pustulation is the one which, in my opinion, is the most easily handled. Indeed it has been said that the worse the case of acne is, the more rapid and satisfactory will be the relief. This is true I think, for the reason that the extremely marked and diffuse cases are nearly always of the kind just described and in them a proper local treatment (partly surgical) produces quick and noticeable results. In such cases the remedies that are productive of the most good are of an irritative kind. Green soap in substance and in tincture stands first. Its effect is twofold. It acts as a solvent for the excess of oily matter and as a direct and most effective stimulant to the skin itself. The top of an old comedone is black as every one knows, but this discoloration is not due so much to dirt as it is to a natural process of darkening produced by the extreme cornification of the epithelial cells composing part of the plug. This has been positively demonstrated by Unna. Such corneous plugs when unaccompanied by an active inflammation are easily loosened from the tissues by the application of acids, such as strong acetic acid in a kaolin paste. With the green soap a lotion of sulphide of zinc and sulphur precip. combined with aqua calcis and a little gum tragacanth should be used. This will in time produce a shedding of the epidermis and a resolving of many small immature pustules. A stronger application acting similarly is the peeling paste of Lassar, combining beta napthol and sulphur with sapo. viridis and vaseline. After these applications have produced their exfoliating effect, the der-

mal curette is of the greatest benefit. It is necessary to remove any existing scaliness and to "knock the tops" off the numerous small papules and pustules, permitting an egress to any retained material. Pustules of a large type, some of which may become confluent, are best treated by the application of an ammoniated mercury ointment or of Unna's mercurial plaster. The last is the most effective agent to reduce any active suppuration and concomitant induration. The small acne lance of Hebra is an invaluable adjunct in our treatment. Pustules should be thoroughly incised and the contents expressed and indurative nodules, not distinctly purulent, but more of a congestive type, should also be freely opened with this little instrument. A subsequent application of the mercurial plaster will then cause them to rapidly disappear. It is absolutely necessary to guard against relapses by removing at the same time all visible comedones. A few sittings usually suffice and much future trouble will be spared by doing so. Assuming that a living pyogenic agent is responsible for the suppuration in acne, reinfection should be combatted by the treatment of all purulent foci, no matter where situated, even those located on the back. The organism usually found in the pus of acne is the staphylococcus pyogenes albus, whose toxity is but feeble. However, Unna and Hodara and later Sabouraud claim to have discovered other organisms whose relationship they claim is specific. An old neglected acne will show numerous areas of diffuse redness, a remnant of a former active inflammation. Sucn hyperemic patches are most rebellious to treatment. Alternate applications of very hot and cold water may do some good, as may also the application of a carbolic acid and menthol lotion. A most effective after treatment aimed to prevent relapses by reinfection is the use of a lotion of bichloride of mercury in alcohol and water, strength about one-half to one grain to the ounce. The addition of a small quantity of resorcin is of service. The kind of acne that gives us the most trouble is one where only a few lesions exist which, however, are very persistent, prone to relapse, are usually of the papular type and are frequently found in women. They are often associated with anemic dyspeptic conditions, and flare up coincidentally with acute gastric disturbances and during menstruation. Local treatment here is not so effective. Relief of inflammatiory and congestive symptoms elsewhere is essential. Acne rosacea is a misnomer. Here the dilation of cutaneous blood vessels is the distinct feature and pustules and papules may be entirely absent. The treatment consists in the obliteration of this nexwork of blood vessels either by the use of Unna's microbrenner or by electrolysis. I would submit the following conclusions regarding the treatment of acne: Proper treatment is always effective, curing a great many and relieving even the most inveterate case. The treatment is mainly local and only indirectly systemic. Acne should not be allowed to continue unchecked, as it may cause most undesirable scarring and pitting. The usual treatment of acne is ineffective and the pessimistic views that obtain regarding the curability of the affection are mainly due to the badly directed efforts of many practitioners. The patient himself must furnish a very necessary ingredient in the treatment. He must have patience and follow the instructions faithfully. Unfortunately many women have such a dread of a knife that proper incisions of their pustules can not be made. The first sitting is often nothing but an elocutionary effort on the part of the physician to pursuade them to a proper line of treatment.

BRIEF MENTION.

Be progressive.

A little recreation now and then is needed by all men.

Phenacetine in small doses often relieves whooping cough.

A sample of elkoeine free to Recorder readers who ask for it,

When using malt remember that maltzyme is pure and efficient.

Peerless eye glass mountings are in one piece; no screws to loosen.

Essentials in the treatment of tuberculosis—fresh air, deep breathing, tonics.

McIntosh batteries are good. They have experience and reputation back of them.

Have you seen Dr. Kellogg's elastic funis ring? If not, send for free sample today.

Cure your epilepsy cases. Dr. Towns, of Fond du Lac, Wis., will gladly assist you.

Elbert Hubbard, in his last Little Journeys, says: Every man should get rich that he might know the worthlessness of riches; and every man should have a college education, just to realize how little the thing is worth.

If you are looking for a place to practice, write to the American Medical Agency, St. Louis, Mo.

The Globe nebulizers are up-to-date. A number of new styles has recently been added to the line.

Oxycamphor in ten grain doses relieves dyspepsia by reducing the excitability of the respiratory centers.

Leininger's solidified formaldehyde is pure. Always keep it on hand and you will find innumerable uses for it.

You do not pay for zymotoid until you are sure it is a good thing. This shows the confidence Dr. Arnold has in it.

Can you safely, quickly and easily remove tape worms? If not, write Dr. W. H. Gray, Michigan City, Ind. There is money in it.

Every Recorder reader can use milkine in daily practice. There is nothing else like it. Send for free samples of milkine and milkine tablets.

Dr. S. A. Knapp, of New YorkCity, has been awarded the prize of $1,000 offered at the recent International Tuberculosis Congress, by Germany for the best essay on tuberculosis.

Iodomuth is an iodine antiseptic which is very efficient. It has all, and more, of the virtues of iodoform and none of its disadvantages. It does not irritate, cake or have any odor.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CLINICAL REPORTS ON THE TREATMENT OF DYSPEPSIA.

Dyspepsia is an affection which is very widespread and which does much to fill life with unhappiness; for the dyspeptic is probably the sourest and most gloomy character that we encounter.

Besides the depressing effect that dyspepsia exerts upon the mind, it can be said with great truth that it tends indirectly to swell the mortality reports. It causes death indirectly by lessening the power of resistance on the part of the patient. When a person cannot digest his food, he naturally cannot be well nourished, but will become anemic and have his powers of resistance so reduced that he cannot hold out against diseases like pneumonia, typhoid fever and other affections which it requires constitutional vigor to withstand.

Again, patients who have become lean and anemic are often treated with drugs that are intended to correct conditions resulting from interference with nutrition by dyspepsia. The proper way in my opinion would be to treat the dyspepsia, and then the patient would cease to be lean and poorly nourished and soon become well and vigorous.

A few clinical histories, given necessarily in outline, will illustrate my meaning.

A young man, about 20 years of age, applied for treatment of dyspepsia of eight months' duration. He had enjoyed good health before this disease established itself, and had never had any trouble with his stomach. When he applied for treatment he weighed only 102 pounds, having been reduced to this point from 160 since the inception of the complaint. He was weak and sallow and felt very gloomy. He begged me to tell him plainly if there were any hope for him —he having tried many of the popular cures, as well as medicines prescribed for him, without avail. I told him I had a remedy which, I believed would help him, if he would take it with regularity and at the same time adhere to a diet which I thought advisable. He was told not to eat pork, veal, hashes, turkey, gravies, corned and cured meats, potatoes, sausage, salmon, pies and cheese, or drink beers, wines and other intoxicants, but to avoid these articles and select his foods from the following: Clear, thin soups of beef, mutton or oysters; raw oysters, shad, cod, perch and fresh mackerel; beef, mutton, chicken, lamb, tripe, tongue, calf's head, sweetbreads, game, boiled, poached or raw eggs; cracked wheat, hominy, rice, sago, cracknells, tapioca, dry toast, stale bread, corn bread, rice cakes; spinach, sweet corn, string beans, green peas, celery, asparagus; rice, tapioca and farina pudding, custards and baked apples. At each meal he was to drink one cup of weak tea, coffee or cocoa, or milk and hot water, equal parts, or cool water. Immediately after each meal, he was to take two of Dr. Becker's compound digest tablets, and two more about three hours afterward. With this treatment the patient began to improve at once, and in a month's time had gained so much flesh that he was hardly recognized by those who had seen him before. After taking the tablets for two months, he was entirely well.

A woman, aged 30, began to have dyspepsia after a miscarriage, in which she had a severe hemorrhage. The

dyspepsia in her case was so acute that her stomach could retain but little food, and she became weak and anemic. Her lips were very pale and she was feeble and low spirited. I also gave this patient the diet list, and she made her meals from the allowed foods and took Dr. Becker's compound digest tablets, as in the foregoing. In four weeks she was practically well, had good color, could digest her food perfectly and was in excellent spirits.

A man aged 29 came to the office for treatment for dyspepsia which had greatly reduced him in flesh, and that caused him a great deal of distress. He was told to live on the "allowed foods" and was given Dr. Becker's compound digest tablets, as in the preceding cases. This patient also made a good recovery and was well in three weeks.

A child, aged 12, having dyspepsia which had followed an attack of pneumonia, was treated as in the preceding cases, and made a most satisfactory recovery.

In conclusion let me say that all the cases of dyspepsia due to a weakened state of the digestive organs and followed by malnutrition and a weakened state of the system, yield best to this treatment. This article, then, specifically views the treatment of such cases only, and not those which originate in overloading and fermentation.

CHARLES W. MCINTYRE, M. D.
New Albany, Ind.

DERMAL THERAPEUTICS.

Thinking that the therapeutics of the skin are not exhausted and that experiences of physicians are valuable to one another, I will try and add my mite to the sum total of human knowledge, on this trying branch of a general practitioner's experience.

First of all, the skins of different individuals are very different to treat, and some are so sensitive that nothing but the blandest medicines will be tolerated; therefore, an agent to be applicable to a large number of cases must be bland, as a dermatitis may otherwise be excited. How are external agents curative to cutaneous maladies, may well be asked. An inflammation of the skin may be checked by a soothing application. Any agent that excludes the action of the air may exert a curative action by excluding the action of the oxygen on the inflamed surface. An application that exerts an astringent action by accelerating the flow of blood or limiting the amount of blood in the tissues, tends to restore a normal condition of the skin.

Antiseptic applications no doubt are curative by destroying the bacteria and removing their irritating influence from the tissues; but antiseptic applications must be tempered to the sensitiveness of the skin, as a tailor fits a coat to his customer, for what will render the tissues sterile may knock the patient out and make him lose faith in the whole medical fraternity.

An irritable skin causes a patient to very urgently seek relief, and the doctor or the agent that gives speedy relief will receive great praise and be lauded to the skies. I can easily believe that a skin disease may drive a person to insanity, having personally had urticaria and an attack of pruritus ani, which are no light afflictions to a person who has them in a severe form.

I have experimented with various agents that have been brought before the public and profession with more or less success, and have sometimes thought that no combination would be applicable to a great variety of complaints, but in these latter days, after trying various remedies to allay an inflamed skin, I have found lanikol more successful in a variety of cases than anything that I have used. It soothes, sterilizes and decongests burns. It

relives fissured nipples better than any agent that I have ever tried for that purpose, and who having witnessed a woman in tears with a babe at the breast, would not value an agent that can be relied upon in relieving this distressing disease without causing any pain or inconvenience?

The base of lanikol is lanolin, which experience shows is one, if not the most, penetrating agent used in dermal therapeutics; therefore it can and does get nearer the seat of the disease than ordinary dermal applications. That this ointment soothes, decongests and cures various inflammatory diseases and germ diseases better than any agent that I have ever used, I can testify.

Of course in all skin diseases the condition of the blood, nerves, the emunctories and digestion and assimilation of food must be carefully regulated. A plethoric condition may require depletion, anemia may demand tonics. Animal food may be curtailed or prohibited for a period, or some deleterious article of diet may have to be prohibited if necessary. The true physician considers nothing beneath his notice which can materially effect the mind or body of his patient and puts everything in trim to the end that the vis medicatrix naturae has the right of way and his patient restored to a normal condition in the shortest possible time.

When others have compounded and tested agents which experience shows to be much better than a physician of limited experience could not better in years of experience, it behooves the physician who has the interest of his patient at heart to use these agents to cure his patient promptly, to add sheckles to his pockets, feathers to his cap and honor to the profession.

M. C. Martin, M. D.

Hildreth, Neb.

THE ADOLESCENT PERIOD.

The adolescent period in the female may be said to be as critical in results as the menopause, and by reason of the methods of our education may be said to be one of the best known conditions universally recognized, and, as such, the common property, not only of the profession, but also of the laity.

Two classes of cases are most numerous, and may be divided into: 1st. That class that has never menstruated, and 2d. That class that may have begun, shown a very slight discharge at frequent intervals, once in six or nine months, but which has never grown to an extent at any time that may be termed a normal flow. The history of these cases are very generally of the same character, and may be briefly summarized: Digestive disorders, headaches, languor, flushing, sensations of fullness in the abdomen, disturbed or unnatural sleep, or sleepy conditions during the daytime; often some cutaneous affection—acne the most common. Whilst the symptoms may be present in some, frequently only part of them may be present in certain cases, as the skin affection. During the period that should be termed "menstrual" period the symptoms are generally aggravated. If the "acne" be present at this time, a fresh crop of pimples appears, and thus can be noted other symptoms.

In all cases of menstrual disorders in the young the cause must be sought for, and if found corrected. This of certainty directs the treatment. In cases where the menstruation has never appeared, it should always be a certain rule to have the sufferer examined by the mother. In quite a number of instances anatomical reasons have shown the reason. In four cases "impervious hymen" was the cause. In two cases the uterus became the receptacle and contained the result of numerous menstruations, be-

coming enlarged even above the pubic bones; the cervix being impervious. In several instances there was an entire ab ence of the uterus and ovaries. This I noted in two cases, both married, and were examined for the reason. In one case an otherwise well developed young woman, aged 21, there was an absence of a vagina. Such cases as thus enumerated nothing can be done in the line of medication, but judicious surgical procedures may in indicated cases (impervious hymen or cervix) make a cure. Where, however, no necessary organs exist, nothing can be done. except such rules as the regulatio i of the bowels, etc , at stated intervals, give much relief to the frequently present nervous symptoms. Where, however, no anatomical reasons exist, and the patient suffers from suppression of the menstruation, entire or in part, much can be done to aid a cure.

The question of age frequently enters as an answer to results. We have with us such a conglomeration of different nationalities that the age question is a very vital one, inasmuch, as frequently, the treatment of menstrual disorders may be wrongly applied. As an example: To attempt treatment of a girl of 13 or 14 years, when her mother only began menstruation at 12 years. Experience has taught me that girls born in warmer countries or descending from such parentage, begin to menstruate much earlier than those of colder climes. For instance, girls from Italy or Cuba begin at 12 or 13, where those from Norway or Sweden begin at 15 or 16 years. Again, in races I have seen some surprising differences. The colored race has presented a girl of 10 years, and often I have seen girls of Russian-Jewish parentage begin at 10 or 11 years. So that the question of age should always enter into the treatment.

While the most common system of disordered menstruation is anemia, and as the better known chlorosis, or vulgarly "green-sickness," its absence need not preclude the use of the most common of all our remedies—iron. Anemia alone may be the cause of suppressed menstruation, and while its presence may be looked upon as a certain cause, its treatment is as essential for the appearance of the menstruation as it should be for the general health of the patient. That anemia in girls is most frequently found at this time leads to the common belief that anemia, green-sickness or whatever name this blood condition may receive, is the chief factor in menstrual disorders.

The treatment of such conditions are numerous, and should divide itself into the causative factor first, and then after this has been relieved, to the specific system. In other words, it will be wrong to attempt by the use of specific remedies the appearance of the menstruation, if the physical condition of the patient is such that should not permit it.

Besides the condition of the blood as a cause of suppressed menstruation, other well known conditions equally play a prominent part. Even if the patient should suffer from such diseases, tuberculosis as an example, the presence of a menstrual flow has such an encouraging influence upon the mind of the sufferer that some attempt should be made, and as the method pursued by myself for many years can only be of benefit, such conditions are not contra-indications for its use.

Iron is the chief remedy in menstrual disorders, and may be given at all times—before, after and during the flow. A certain time in the life of the patient should be set apart for active and specific treatment. The time chosen should be when the symptoms are most aggravated. The days, one, two or three, should be set apart, and our treatment should always culminate to this period. If we fail at the one,

then we should begin again, and pursue our treatment until the second period, when the specific method should again be applied, and thus on. Even if failure should mar the first, second, or even the sixth period, the menstruation will appear if the treatment be applied in a rational way.

Between the periods I always order the use of iron in three or four daily doses. I have used all forms and varieties, from the tincture of the chloride, which so often is objected to, to the different kinds the Pharmacopoeia presents, in pill form, as the Blaud pill, simple or modified. My experience brings me back to Gude's pepto-mangan. Gude's pepto-mangan is now the most common in use, and there are so very many similar preparations in the apothecaries that care should be exercised in obtaining the genuine. I have a simple way of distinction. I always order Gude's pepto-mangan given with milk. If the mixture is clean, uncoagulated and palatable, then I know my patient has received what I ordered. For a further distinction, I invariably place on my prescription "Gude." My reasons are these: So very many so-called similar products are on the market that are inferior, and in a measure do not act in a manner you wish, clinically as well as physically. For my own defense, as I have been so frequently disappointed, I detect the fraud of substitution by mixing with liquids, especially milk; the "Gude" preparation always gives the palatable mixture.

I order of this preparation a teaspoonful in a wineglassful of milk every three or four hours, depending on the patient's condition. If she be very anemic and with this very nervous, I place her upon the milk diet, and by the addition of Gude's pepto-mangan I reach my object, giving the food as well as the medicine. I increase the dose until a tablespoonful, three or four times daily. This treatment is kept up, and even continued through each period, until the purpose is obtained, perfect health, as regards not only the menstrual flow, but also the general physical condition.

In an article in the Medical Fortnightly a series of cases has been reported by the writer, showing the results obtained.

EDWIN ROSENTHAL, M. D.
Philadelphia.

BIOPLASM IN SUBINVOLUTION

Bioplasm is a new derivative of the pitcher plant which exhibits marked effect upon relaxed muscular fibre. Several cases of prolapsus uteri and ani in personal experience have been cured by the internal exhibition of the drug. Only one case out of seven relapsed and two cases reported by Dr. Armstrong remain normal after a lapse of five months. The best cases seem to exhibit lack of contractility of the unstriped muscular fibre, and are the result of lack of tone in the broad and round ligaments and pelvic floor, with heavy patulous uterus. Two recent cases of subinvolution, with persistent flow which did not yield to ergot, the usual haemostatics, or astringent injections were quickly relieved by 15 gr. doses of bioplasm every four hours. In both cases the haemorrhage was quickly checked, the uterus became smaller and firmer, and returned nicely to position. Bioplasm (Schieffelin & Co.) is usually prescribed in doses of 15 grains after each meal, dissolved on the tongue, and so far the results have been very interesting.

EDWIN F. BOWERS, M. D.
418 N. 19th. St., New York.

Robert C. Auld in Four O'clock says: Sympathy exhibited at the right moment is a life-line that saves many a man from abject despair.

THERAPEUTIC CULLINGS.

Dr. J. P. Heyen says: My experience has been, that in all acute fevers (pneumonias and fevers which depress the patient severely), strychnine and nitroglycerine are better stimulants than alcohol, and I have come to discard alcohol entirely in those cases.

For some time careful observers have felt that the continued administration of thyroid extract sometimes has a detrimental effect on the eyes. There is no question but patients should be carefully watched who are taking thyroid extract for any length of time. Dr. H. Coppez reports his experience in a late issue of the Archives d'Ophthalmalogie, and the following is an abstract of the article published in the Cleveland Journal of Medicine:

He reports five cases of this condition, four of them in women. All of them were taking the drug for obesity, and had been getting rather large doses of it for some months, when amblyopia developed. About the same time the patients were troubled with nervousness, insomnia, anorexia, and shortness of breath. The amblyopia when once it became manifest developed rapidly. He has experimented with the extract upon dogs, giving it for a considerable period of time in doses not large enough to cause constitutional symptoms, and has produced optic atrophy. He believes the inflammation similar in type to that caused by tobacco and alcohol—a retrobulbar neuritis with central scotoma. Fortunately the prognosis is favorable, for if the condition is recognized, the extract stopped, and suitable treatment instituted, vision will improve and may return to normal; though the improvement will be slow, if the vessels already begin to show some narrowing, or in other words, if secondary atrophy has already begun. He believes that the reason why more cases of this condition have not been reported is that the true nature of the affection has not infrequently been overlooked. Should further investigation bear out these conclusions, and certainly the subject affords an opportunity for experimental work as well as careful clinical observation, it becomes extremely important, when exhibiting thyroid extract to our patients in considerable dosage over long periods of time, to bear in mind this possible complication.

The following useful prescriptions for renal colic appear in the Journal of the American Medical Association:

℞ Lithii citratis, ʒj.
Ext. hydrangeae, ʒiv.
Infusi tritici, q. s. ad ℥vj.
M. Sig. One teaspoonful every four hours in water.

℞ Lithii citratis, ʒj.
Pot. citratis, ʒiss.
Ext. zeae fluidi, ʒj.
Infusi uvae ursi, q. s. ad ℥vj.
M. Sig. One tablespoonful every four hours.

We notice the following prescriptions recommended for bromidrosis pedis in the Medicus:

℞ Pulv. aluminis (burnt), ʒ v
Acidi salicylici, ʒ iij
Amyli, q. s. ad ℥ ij
M. Sig. To be dusted in the shoes.

Or, when the perspiration is especially offensive.

℞ Acidi borici, ʒ v
Tinct. benzoini, ℥ ss
Alcoholis, Oj
M. Sig. Apply locally.

Affections of the chest in delicate children are always a source of anxiety to their parents and guardians. If not actually present, there is the well-founded dread of organic disease being established in the lung. There may

or may not be any cough, but the child is thin and poorly nourished, and phthisis is to be feared. In other cases there has been whooping cough, leaving behind it much delicacy of the chest. In such cases Fellows' syrup hypophosphates will prove of great value and is readily taken by the child.

The following formula is highly recommended in general debility:

℞ Tr. nux vomica, ʒj.
Tr. gentian comp., ℥vj.
Hydroleine, q. s. ad ℥xij.
M. Sig. Dessertspoonful every three hours.

Dr. F. R. Millard, of San Deigo, Cal., in an article on bromidrosis pedis in the Charlotte Medical Journal says:

For more than 20 years this prescription has proved its superiority over everything tried:

℞ Corrosive sublimate, gr. xvj.
Lime water, ℥iv.
M. Sig. Shake well before using.

At night, after bathing and drying the feet, apply the yellow wash with a soft rag and allow it to dry. Apply in the morning without bathing. Repeat daily until all odor is gone, and then use at night only for a week until all of the wash has been used. If these directions are strictly followed, a permanent cure can be expected in at least 90 per cent. of cases.

This prescription has given some good results as a local application in rheumatism:

℞ Phenacetin, ʒlss.
Lanolin, ʒv.
Ol. olive, q. s.
M. Ft. ungt.

For burns the following is useful:

℞ Europhen, ʒss.
Olive ol., ʒj.
Lanolin, ʒiv.
Vaseline, ℥j.

Dr. G. F. Paynder recommends for chronic dysentery:

℞ Tr. cannabis indica, m. x.
Bismuth subnitrate,
Pulv. acacia, aa gr. x.
Aq. menth. pip., ℥j.
M.

Fluid extract rhus glabra is recommended in enuresis.

The following prescription from the Medical Record is useful in cases of irritable bladder:

℞ Salol, ʒij.
Tr. hyoscyamus, ʒij.
Infusion buchu, q. s. ad ℥vj.
M. Sig. One teaspoonful three times a day.

Dr. W. H. Judson, of Danielson, Conn., writes: "I consider pil orien talis by far the best general nerve tonic and when you add to this their strengthening effect on the sexual organs it can truly be said there is nothing like it on the market."

This formula is said to be a good local application in toothache:

℞ Liniment iodine,
Tr. aconite, aa m. xij.
Chloroform, ʒij.
M. Dry the gum and apply.

Some acne lotions given in Merck's Archives are:

℞ Potassium sulphide,
Zinc sulphate, aa ʒj.
Rose water, ℥iv.
M.

℞ Ichthyol,
Aq. distil, aa ℥j.
M.

℞ Calamine, ʒj.
Glycerin,
Lime water,
Rose water, aa ℥j.
M.

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LEADING ORIGINAL ARTICLES.

URIC ACID TROUBLES.

By A. V. Hinman, M. D., 29 W. Federal St., Youngstown, Ohio.

The above is a very interesting subject for a disciple of Esculapius, and one whose intelligent perusal and mastery will be found eminently useful and profitable to him Cases are of such common and multitudinous occurance as to render the consideration of it necessary to one who endeavors to deal intelligently with the pathological conditions with which he comes in contact.

It is especially interesting in that it presents such numerous and various manifestations from a simple pain or lameness in the lumbar region, to a "pleurisy" or an "appendicitis." Without careful examination and research one is so liable to mistake his case for a pathological condition much more serious than that which really exists and even sometimes the knife is needlessly resorted to as a consequence. One case in particular comes to mind in which the patient was removed to a hospital preparatory to an operation for appendicitis, but permission to operate being refused at the last moment, the case was returned to his home and afterward made an excellent recovery when put upon proper treatment for the elimation of an excess of uric acid. His urine upon examination readily showed the existing condition which was relieved with the above result.

Uric acid troubles seem to arise from faulty metabolism with diminished elimination of the effete material in the blood. This causes subalkalinity of the blood and a precipitation of uric acid. The condition is materially aggravated during the colder periods of the year by exposure to cold and damp weather which interferes with the proper excretory function of the skin. The kidneys are then called upon to perform the additional work thrust upon them. They are endeavoring to do not only their own proper amount of work but also much of the work of the skin. When not only the kidneys are backward in meeting this increased demand upon them, but constipation also is present, the condition is still more aggravated; and the kidneys are still further burdened. They become hampered and clogged by this undue crowding, effete material is retained in the blood, ptomaines are absorbed from the bowels, the alkalinity of the blood is reduced or changed to a neutral or acid reaction, metabolism interfered with and then the double evil

of both an excess and a retention of uric acid results.

The patient comes to us with a feeling of lassitude and pains or aches in various parts of the body. These may be manifested as cephalgia, torticollis, pleurodynia, rheumatism in muscles of limbs, arthritis, lumbago, neuritis, or even cardialgia or pleurisy. If allowed to progress there is danger of leading to aortic or mitral obstruction, cystitis, indigestion and numerous other ailments.

Persons exposed to inclement weather or to alternate heat and cold are especially liable to trouble from uric acid sources. Furnace men who perspire profusely and whose skin incidentally becomes unduly cooled suffer much with kidney difficulties; however the large amount of beverages drank somewhat obviates the difficulty. Drivers and teamsters are also on the list of those whose cases we should bring suspicion of uric acid.

The following cases will illustrate: Case I. Mr. J—— sent for the writer very hurriedly a few weeks since. The messenger came with the report that the patient had had an attack of heart disease, and as his brother had met his death through this ambiguous disease, the family were exceedingly anxious concerning the termination of the present case. The history disclosed exposure to heat in an iron mill followed by chilling of the skin and some pain in the lumbar region; a feeling of lasitude with an occasional chill for several days previous. In bending over to loosen his shoe string he was attacked by a sharp pain in the region of the heart. Could breathe with only great difficulty and then respiration was short and shallow and accompanied by a lancinating pain in the above mentioned region. The pulse was full in volume and but little accelerated. I asked him to hold his breath a few seconds and note if the pain continued during that interval. He did so and said he had no pain during that time. Suspicioning a pleuritic pain, I auscultated the chest and found no crepitation and upon percussion and inspection no other evidences of pleurisy. Temperature was 99.4 ° F. I excluded pleurisy and cardiac trouble in the diagnosis. The slight acceleration of the pulse I attributed to the excitement of the moment. An examination of the urine disclosed uric acid and I proceeded to put him upon a treatment consistent with that diagnosis with the result that in twenty-four hours recovery was complete.

Case II. Miss H— gave a history of illness four days previous to my visit. Complained of a lancinating pain in chest, temperature 103 ° F, pulse 98, bowels constipated. Case had been diagnosed as typhoid fever complicated with pleurisy. Upon examination found no tenderness in abdomen, no tympanites, some headache. In chest there was no crepitation nor effusion no pain when chest walls were at rest. Urine showed heavy deposits of uric acid. I might have suspicioned malaria had the fever been intermittent, but the history of the case and observation showed it to be a continuous fever. Upon proper treatment for the elimination of the surplus uric acid, all pain had left, temperature was normal in twenty-four hours and patient was able to sit up in forty-eight hours and progressed rapidly to recovery.

Case III. Mr. M—, laborer in iron mill, 30 years old, married, gave history of being severely burned about two years previously, the burn extending over the surface of the legs below the knees and also over the skin of both feet. Was suffering from an acute pain in right side of abdomen, pain radiating from right iliac region up the side of abdomen and occasionally over as far as umbilical region. Had had like attacks during cold weather ever since burn occurred.

The day previous the case was diagnosed as appendicitis. I found a thick brick dust sediment in the urinal. The injury to the skin by the previous burn, the appearance of the urine and the sediment, pain in the lumbar region, lead me to suspect that it might be a case of uric acid trouble; which suspicion was confirmed upon urinalysis. Proper treatment along these lines brought great improvement and permitted the patient to leave his bed and eventually return to his work. The injury to the excretory function of so large an area of skin as was involved in the burn will doubtless prevent complete recovery. For this reason also the patient will probably be always somewhat troubled in like manner during cold or chilly weather.

In the treatment, attention should be given not only to the kidneys but to the other excretory organs of the system. The circulatory system is overburdened with effete material, the uric acid is precipitated on account of the subalkalinity, and the glandular organs are to a great extent clogged and inactive. A brisk cathartic should be given, a saline one is preferable. Precede it with enough mild chloride to guarantee proper action of the liver. To stimulate the skin, hot alkaline baths may be given daily followed by brisk rubbing with coarse crash towels. Induce diaphoresis.

Where it is necessary to use an anodyne, morphia should if possible be avoided as its action on all the glands of the body is directly opposite to that desired, (with the possible exception of the sweat glands) it decreasing secretion and excretion. While an excellent anodyne, it tends in this way to a great extent to lock up the bowels and kidneys which above all things we should avoid doing. In most cases acetanilid compound tablets will prove sufficiently effectual in reducing pain, while an additional feature in its use is that it has a diaphoretic action also. There is much differing as regards the proper dosage of this compound. Some do not reap the good results from its use claimed by others as they fear to administer it in amounts large enough to produce the desired effect. Ten grains is a harmless dose, repeated in one hour if necessary, with the patient kept in a horizontal position. Of course if there be cardiac weakness, care must be exercised. Acetanilid not only reduces the nerve sensitiveness but also exerts an influence upon the kidneys which aids in the elimination of uric acid.

Other medication is indicated to remedy the subalkalinity of the blood and bring it to a normal reaction, thereby suspending in solution the uric acid and allowing it to be excreted by the proper channels. It is usually advisable to include a diuretic in this medication. The following formula will be found serviceable in meeting these indications:

℞ Potassium bicarbonate ʒ ijss.
Potassium nitrate.
Sodium bicarbonate aa ʒj.
M. et ft. chart. No. X.

Have the patient take one of these powders thoroughly dissolved in a third of a glass of water every three hours.

Oftimes instead of the sodium bicarbonate in the above formula, I substitute sodium salicylate but give it in somewhat larger doses. I cannot say that this substitution at all increases the efficacy of the mixture. The added feature of the water undoubtedly one of the most potent factors in this treatment as it aids so materially in promoting diuresis. This treatment can be used by any physician at little expense where he is obliged to do his own dispensing.

Our wealthy patients can be sent to warmer and less inclement climates to avoid the changeable seasons, or to some of our renowned mineral springs to spend a few weeks or months, but

our brother less fortunate in the possession of "filthy lucre" will have to be met at his own bedside at home.

One of the best known solvents for uric acid is lithia. A convenient manner of prescribing it is in the three or five grain effervescent tablets. In cases of long standing and of an obstinate nature one tablet to a half glass water every three or four hours given in conjunction with the following will often work wonders.

℞ Tr. digitalis gtt. xxx.
Specific cimicifuga ʒj.
Specific colchicum gtt. xxx.
Aqua q. s. ad ℥iv M.

Sig—Teaspoonful every two hours for a few days, then every three hours.

This formula is better adapted to cases after sedation is procured.

ENTERO-COLITIS.

By E. N. Ritter, M. D., Williamsport, Pa.

The great mortality among children under five years of age is due in a majority of cases to some gastro-intestinal disturbance, the second summer being the one most frequently dreaded, and generally is due to some indiscretion in diet. Very frequently the child is given a taste of everything from the table; its delicate stomach is not capable of digesting this mixture, and the undigested substance, as it passes through the intestines, produces an irritation, causes the mucous membrane to be red and oedematous. The stools become semi-liquid, streaked with blood, mixed with mucous and undigested food; the abdomen is distended, there is tenderness along the colon, moderate fever and frequently great prostration.

If proper prophylactic measures could be strictly enforced, gastro-intestinal diseases, the great scourge of infancy, would give no greater mortality than many of the other diseases of childhood. Plenty of pure fresh air is essential to the health of all children. Bathing is of very great importance as well as for cleanliness. The clothing in summer should be of light weight, but special care should be observed that sufficient clothing is supplied at night, especially at the seashore and in the mountains.

Feeding is a matter of great importance during the heated season. No child should be given the ordinary table diet until at least four years of age. The food should be liquid or semi-liquid, easily digested, and nutritious. Indigestible food should never be given to tempt the child's appetite when the ordinary plain food is refused. In the beginning of entero-colitis the food should be completely withdrawn for a few days or a week, and liquid peptonoids, trophonine or panopepten and egg albumen should be substituted. The return to the normal diet should be gradual and careful.

The first medicinal treatment should be directed toward cleaning out the intestines and rendering them antiseptic as nearly as possible. At first I prefer calomel gr. 1-12 or 1-16 and soda bicarbonate, gr. j administered every hour, or, if vomiting and diarrhea are severe, every half hour, until the stools become darker in color. I generally follow the calomel with a saline laxative or castor oil. This should be followed with some intestinal antiseptic, as zinc sulpho-carbolate gr. ss. to 1 every two hours until odor disappears, then less frequently; salol gr. j every two or three hours; bismuth subgallate, guaiacol carbonate, arsenite of copper and many others are used successfully. If much fever is present give, in addition to the above, aconite in small doses and frequently repeated. In some cases there is nausea and sometimes vomiting, this is controlled by specific nux vomica (Lloyd's) gtt. ij to water ʒiv; a teaspoonful every half hour. Opium in any form should not

be given as it checks the secretions and stops peristaltic actions of the intestines. The loss of many a little one can be laid at the door of him who administers anodynes while neglecting to get rid of the offending material in the intestinal tract.

In entero-colitis the solitary and agminated glands are often ulcerated and we should endeavor to cleanse them as if they were external ulcers. The bowels should be flushed at least twice a day with a normal salt solution or a solution of peroxide of hydrogen, and once a day the irrigation should be followed by some astringent solution as tannic acid. Cold milk compresses, that is cloths saturated with sweet milk, applied to the abdomen every two hours allays the inflammation and gives much comfort to the little sufferer. At the end of every two hours clean cloths should be used. The child should be kept perfectly quiet in bed instead of holding it.

SUCCESS IN SEXUAL THERAPEUTICS.

J. A. DeArmand, M. D., Davenport, Iowa.

Probably no one class of cases so frequently and so generously contributes to fill the coffers of the irregulars whom the regular profession vainly essays to circumvent by legal enactment, as that of sexual weakness or decline of sexual power. Seminal emissions of the nocturnal variety are held up to weak and erring youth and adolescense as the forerunner of impotence and mental blight. Not alone are word pictures of the victims given but wood cuts, fearfully and wonderfully made, depict the awful state reached by those who have failed to embrace the means offered at the repair shop of the cure-all.

Regarding this matter of nocturnal seminal emissions the regular profession, it seems to me, has erred in its treatment of these subjects. In general the tendency of advice has been that such losses amount to very little and, therefore, are to be largely ignored. This bit of advice is not true and it has served to send patients in droves to irregulars and montebanks. The truth is that the material loss of semen amounts to very little, but the effect on the nervous system and the mental inquietude amounts to a great deal, and they always call for and deserve the attention which means relief without injury. It has long been a common report coming from the regular counsellor that losses are of no concern unless very frequent, and marriage or hard work would be all that was needed. Hard work meant the exhausting of the physical body so that the work of repair would keep mother Nature too busy to permit of wastes, while marriage presumably would change the nature of the loss. This advice is faulty because in neither case is there a correction of the cause of the trouble. Hard work can't continue always, and the peace bought at the price of exhaustion puts a ban upon pleasure since its time never comes. Correcting seminal losses by marriage offers a parentage of weakness and from it a nation of weaklings must come. In addition, the union of sexual misfits keeps the divorce courts busy.

After all it is not the major operations and conduct of long-drawn out cases like typhoid fever that most concern the welfare of the race. For example, how often has as simple a matter as a case of chordee taxed one's patience and skill to direct easily. Modern methods have discarded the gatling-gun means and now he who has become acquainted with the good points of black willow in suitable combination looks upon chordee as a mere passing epoch in a disease that has hardly enough such attributes to make

it feared as it ought to be. I well remember how more than 25 years ago a Hebrew of most impulsive nature contracted a case of gonorrhea with strong chordeeic attachment. His medical advisor gave him enough bromide to cure an asylum of epileptics, and yet night after night an urgent appeal was made for help. Nowadays such a case could only miss sleep from ignorance of the doctor or failure of the patient to take a few pills or tablets. It is of just such trifles as this and these that the monument of success is made.

Possibly one of the main reasons why failure has met so many attempts to correct the shortcomings of below-par sexuals is that the treatment has been too much of a routine nature. Cases of sexual weakness vary most astonishingly. One individual can stand almost an unlimited amount of abuse, both natural and unnatural, while another shows early evidences of the shock which means mental inquietude and physical decrepitude. One case may need a long course of alterative-tonic treatment, while another needs a sedative course with all breaks on. During the course of some years of study and a little writing on this subject, I have been appealed to by dozens of physicians all over the country asking for a formula. This shows a lack of appreciation of the work in hand. Given a case of aggravated nocturnal losses. To simply stop the losses is neither curative nor effective. Losses mean something. They are a result of a cause, and until the cause is made out cure is far off.

A very large number of medical men see in the varicocele which accompanies more than 95 per cent. of these cases, an indication for operative interference. To my mind the operations are largely unnecessary and the results rarely such as to offer encouraging hope. Destruction of the enlarged veins has absolutely nothing to do with the weakness. The weakness is not always in the fabricating power of the testicle so much as it is in the storing of the semen. As might be expected, the ability to rival the ram, billy goat or jackass is not perpetuated long in the subjects of varicocele, but the procreative power lasts long in these subjects when excesses are not allowed to occur. Very few cases of varicocele need more than a cold local bath and occasionally a suspensory. The theory that enlarged veins interfere with the active secretion of semen is not borne out by observation nor by theory, since blood reaches the parts by the arteries, and it is only in the removal of a superabundance of blood that stagnation occurs. The fact that eight men of ten met have more or less varicocele is proof enough that it is not a disease for the operative monomaniac to get out his instruments over.

The rapid increase of cases of men in middle and beyond the middle of life who have perpetually defective water works shows that sexual disorders do not recover alone or by the head-in-the-sand theory of marriage. So long as sexual riot is being run a reckoning is due, and when these cases are treated as other weaknesses are met, the regular profession will have less reason to watch legislatures for fear the bars will be let down to the goats.

Nature's recuperative powers are most wonderful and in no way is this fact more forcibly shown than in the recovery that so often occurs in cases where the most terrific abuse has been indulged in. Given youth or the earlier years of manhood, a fair constitution, a willingness to follow directions including a reasonably abstemious life and helpful treatment, and not one case in a hundred of sexual weakness should fail of restoration to a degree of power commensurate with a happy domestic life and an age of comfort. Nor to accomplish this is there neces-

sity of any mysterious formulæ or wonderful combination of rare drugs. Indications met, corrections made and a clear conception of what the needs are, and the work is half done. Too often the patient is weaker in mind than in body, and then anything short of actual accomplishment falls under the ban. In no other branch or division of medical practice is there greater call for the giving of remedies with care and with brains.

SMALL POX.

By R. L. Ford, M. D., Beda, Ky.

For the past ten years we have had an occasional epidemic of small pox in different parts of the United States. The principal reason for not having it under better control is owing to the mildness of it; strange to say, a great many would-be good doctors designate it as elephant and Cuban itch, and allow small pox patients to go about. We are now having some small pox in this section. I will give my experience with the disease in the past two years.

Symptoms: After exposure from seven to eighteen days (about fourteen, as a rule,) they usually are taken with a chill more or less marked, or it may be only chilly sensation, followed by high fever, from 103° to 106° F, with aching all over, nausea and often vomiting; very much like an ordinary malarial attack, a mistake which is often made until the rash appears; the tongue is furred, the fever continues with but little variation for 3 to 4 days. By the fifth day you will notice papules covering first the face, hands and wrists, the exposed parts, and by the sixth day they have covered the rest of the body. They have more or less the shotty feel you often see described in the text books. By the seventh day they have changed to vesicles and rapidly into pustules, so by the eighth day the pustules are fully developed. By the ninth day they begin to umbilicate and this is when the pustules break and the pus begins to dry.

Here is a point of which I wish to make special mention: there is but little umbilication in those mild cases where the true skin is not affected. Wherever you notice a well marked pit in a pustule you are very sure to have a pit in the skin after the pustule gets well. About the tenth day the pustules begin to dry up, and by the fourteenth day the crusts fall off in mild cases, leaving only discoloration, but in more severe cases there is ulceration of the true skin, causing cicatricial contraction, consequently a pit.

As a rule, in those mild cases there is no secondary fever, but in a moderately severe case there is a secondary fever of about one degree. Fortunately in the mild form of the disease it is not as contagious as the more severe ones, but we may have a severe case contracted from a mild one and vice versa.

There is another point I wish to emphasize and that is, we may have the early symptoms without the eruption, especially in those who have been vaccinated and in some who have not, but from such cases there is no danger for it is the eruptive stage where the germ of contagion is developed.

Now as to the diagnosis, ordinarily I think it is easy. As to Cuban and elephant itch, suffice it to say there are no such diseases. The only disease we are liable to mistake small pox for, is chicken pox. But in chicken pox the eruption appears on the first or second day and the disease is principally confined to children; adults seldom have it. When you prick a pustule it will collapse, whereas in small pox it will not; and in varicella you will see the eruption in all stages of development, whereas in small pox this is not so well marked.

If the M. D's would study their cases better and their text books more I see no reason for allowing this disease to linger like it does while it is mild. We don't know how soon it may become severe, but not until then will the physicians be aroused to their sense of duty. I have had at least half the laity on my back, as well as some of the profession, during the epidemic in this locality, but I still call it small pox.

CONSERVATIVE OPERATIONS UPON THE UTERINE ADNEXA.

By H. T. Byford, M. D., Chicago, Ill.

(Abstract of Paper read before the Illinois State Medical Society May 22, 1901.)

There are three classes of operations for the cure of diseased adnexa.

1st. Separation of adhesions and replacement of organs without removal of organs.

2d. Removal of diseased portions of ovaries and opening up of closed tubes, thus getting rid of diseased tissue without abolishing function and sometimes restoring function.

3d. Complete castration, and production of the menopause.

The author treats of the second class only, and cites experience to show that in a large proportion of cases this method can be adopted and that the immediate as well as the remote results are all that could be desired.

The following representative cases were related:-

I was called to see Miss H——, in April of 1898, and found her in bed. She had been broken down in health for a year or more and had taken local treatment and rest cure without benefit. Her local symptons were dysmenorrhoea and pelvic pains. A consulting gynecologist of wide experience had recommended removal of the ovaries and uterus as the only means of getting her out of her deplorable condition. I found double oophoritis, a small cervix and moderate uterine hyperplasia. I dilated the cervix, curetted the uterus, made a peritoneal incision through the posterior vaginal fornix, and removed about two-thirds of each ovary, leaving only what seemed to be healthy tissue. The patient recovered promptly, got married in a year and has been well and hearty since.

In another case, Mrs. J. S. S——, I made, on February 15th of this year, an abdominal section and found both tubes occluded. The right tube contained cheesy matter and its walls thickened and hardened from interstitial inflammation. The left tube contained a little turbid mucus. The left ovary contained a hematoma the size of a walnut. The appendages of both sides were extensively adherent.

I separated the adhesions, removed a large part of the right ovary, opened the fimbriated extremities of both tubes by incisions, and sutured the mucous to the peritoneal coats in order to insure permanent patency. The contents of the tubes were pressed out, and the cavities syringed with sterile water. The peritoneal cavity was closed without drainage. The patient walked about the room at the end of three weeks. Her immediate recovery was about as rapid and complete as in those cases in which the ovaries and tubes are removed in toto, and she continues well, and complains of no symptoms whatever.

Dr. C. W. Lillie of St. Louis, in spite of eminent authority to the contrary, considers the term "typho malarial fever" as the proper designation for an asthenic form of remittent fever in which the typhoid bacillus is not present in the blood. He says it is a typhoid fever complicated by pre-existing malarial infection or a malarial fever complicated by a typhoid.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS.

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

(Fourth Paper.)

CHOLERA INFANTUM.

This disease is worthy of our most careful consideration, as the summer months are now at hand. While what I shall say is not specially new, yet a repetition of old truths is worth considering, if it saves some homes from being made desolate, because the household pet has fallen a victim to this summer scourge.

In order to successfully treat this affection, we must well settle in our minds its etiology and pathology. We believe cholera infantum is due to a ptomaine formed in the milk on which the child is fed. Mother's milk very seldom produces this ptomaine. Thus it is that a very large majority of children attacked by this disease are those who are fed on cow's milk or some of the artificially prepared foods.

The attack is always sudden, usually coming on at night. It begins with vomiting and purging of a sero-albuminous fluid, having no offensive odor. The rosy-cheeked little cherub in the course of a few hours droops like a faded flower. Relief must be found speedily or death will supervene.

What shall we do to stop the inroads of this terrible disease? We believe that our principal means of preventing this disease is found in the prophylactic treatment. A thorough sterilizing of milk used for food, as well as the bottles in which the milk is contained, will prevent the formation of tox-albumin in the milk. But in spite of all the warning, mothers neglect this precaution and thus bring us face to face with this much dreaded monster, to snatch from death's grip the innocent sufferer.

Permit me to outline a treatment successful in my hands. Give one granule of copper arsenite, gr. 1-1000 dissolved in a teaspoonful of water every hour, alternating with one granule, sulpho-carbolate of zinc, gr. 1-6 dissolved in a teaspoonful of water. For hyperpyrexia aconitine, gr. 1-500, one granule dissolved in four teaspoonfuls of water, one teaspoonful of the solution every hour, as needed. If there is much restlessness and the child does not sleep, Waugh's infant anodyne is excellent. For food I use malted milk or a few spoonfuls of soup made of parched wheat flour.

CALCIUM SULPHIDE.

By F. H. Benedict, M. D., Weedsport, N. Y.

It remained for the Alkaloidists to resurect this odoriferous compound and place it on a level with the most effective remedies we have in medicine. Although for a number of years it has formed a part of the armamentarium of every physician, it has never to my knowledge received the prominence to which it was entitled, until Dosimetry placed it there. Calcium sulphide is a very unstable compound—sulphate of calcium forming the base and sulphuretted hydrogen the therapeutic principle.

On being taken into the stomach

the acid of the gastric juice readily decomposes it—the sulphate of calcium passing of with the feces and sulphuretted hydrogen is absorbed into the blood and eliminated by the skin and the mucous membrane of the lungs. In my experience the best results are obtained by saturating the system with the remedy, one sixth grain given every hour continuously for a few days is not too much where a decided impression is required.

Given in this way many inflammatory conditions are cut short and suppuration prevented. Especially is this the case in boils, glandular swellings and also in salpingitis.

In diphtheria I consider it a remedy of such value that I should place it on a par with antitoxin where there is time to get the therapeutic action before the danger point is reached.

In a case of diphtheria that I treated a few months ago the action of the drug was beautifully verified· The patient was a boy about ten years of age and the case was well marked from the onset. As soon as the formation of the membrane began I commenced the administration of calcium sulphide, one sixth grain every hour. This I continued three or four days watching the case closely. On the fifth day I saw evidences of loosening of the membrane but still the condition of the patient was not satisfactory and I procured some antitoxin ready for use. On the sixth day the patient was apparently improved and I did not administer the antitoxin. On the seventh day the membrane cleared off entirely, leaving the mucous membrane of the tonsils in a fairily healthy condition. From that time recovery was rapid and there were no unfavorable sequalae.

Although sulphide of calcium is not supposed to kill the bacilli of diphtheria, it acts by neutralizing the poisons which they produce. I am in the habit of administering it in all diseases of the throat and the result is always satisfactory.

All zymotic diseases yield more readily to treatment when this remedy is given, and the sequlae are usually less, and more readily controlled.

I notice that Drs. Waugh and Abbott of the Clinic recommend it in gonorrhea. Although I have had no experience in its use in that disease, I am led to believe in its efficacy when endorsed by such high authority.

TWO USEFUL REMEDIES.

By C. E. Boynton, B. S., M. D., Sandy, Utah.

CALOMEL.

I regard calomel as by far the most useful drug I have ever used.

If calomel does not act, when it should, give an injection of glycerine or soap and water.

When first called to any fever, give from three to ten grains of calomel and follow with saline.

Ten grains of calomel every morning for three days in typhoid, is a good beginning, particularly if it is desirable to make the bill light.

Always make it a rule when you prescribe calomel either to give it in large doses once a day or in small doses for a few hours only.

Do not prescribe say one grain of calomel every hour until the bowels move, for 20 grains may be given in this way and salivation result.

Small doses of calomel frequently repeated, say 1-10 grain every half hour until ten doses are given, usually succeed in promoting activity of the bowels.

When called to an infant with 105° to 106° temperature, in your prognosis give a ray of hope and in your treat-

ment saying the child is two years old, give three or four grains of calomel.

It has been my practice never to give acids while giving calomel, but always to give $KHCO_3$ or $NaHCO_3$.

In thirteen years of practice, although I have never given more than 10 grains of calomel, I have never, except in one instance, caused a stomatitis.

STRYCHNINE.

Calomel is the only drug that is more useful than strychnine.

Strychnine will enable you to make use, and good use, of veratrine and aconitine in fevers.

Strychnine, digitalin and glonoin are the triple alliance to face up death when vitality runs low.

When the pulse lacks sufficient power then is the time to give 1-20 to 1-30 grain strychinine hypodermically.

It is not well to give full doses of strychnine as a routine treatment in fevers, but it should be used as indication demands.

To meet collapse we may give 1-20 grain of strychnine every one or three hours until 1-3 of a grain has been given within the 24 hours.

SOME THOUGHTS ON TYPHOID

By M. G. Price, A. B., M. D., Mosheim, Tenn.

In hemorrhage use ergotin and digitalin.

For insomnia and nocturnal delirium, give morphine or codeine.

For "fighting delirium" of the first stage give veratrine and tartar emetic.

For "low mutturing delirium" and weak heart give atropine.

Kill the micro-organisms and render the stomach and intestines aseptic by giving zinc sulphocarbolate until the stools lose their odor—up to 100 grains daily.

Calomel is useful in first stage.

If sweating is profuse use hydrastin.

For "subsultus tendinum" give strychnine.

In later stages with blood in stools give silver oxide.

For pneumonic symptoms use sanguinarin.

Leptandrin is useful in constipation.

Bismuth subnitrate is useful in gastric irritation.

Cotoin should prevent ulceration and gangrene.

ALKALOIDAL NOTES.

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

Try sanguinarin gr. 1-134 to 1-150 in the next case of croup.

Picric acid will instantly calm the pain and promote healing of burns quicker than almost any other remedy.

Dr. F. A. Cogswell, reports a case of alcoholic excitement controlled by hypodermics of apomorphine.

When you wish to stimulate secretions in dry bronchial catarrh, give a granule of lobelin every quarter of an hour, and see where the text books miss it.

Ergotin, subcutaneously, is considered by Dr. Stuart superior to aconite or gelsemium in facial neuralgia. It is stated that generally one injection is sufficient.

Dr. M. G. Price's notes, "Gathered from Many Sources," which appeared in the May number, are excellent. Knowing Dr. Price to be one of the best up-to-date practitioners in eastern Tennessee, makes them more impressive to us than to perhaps any other Recorder reader.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

MILK SUPPLY.

With the approach of the summer season, when we have to expect the regular annual increase of infantile disease chiefly of the digestive order, we might profitably direct our attention to the general milk supply. It is of great importance at all times. Most municipalities, even small towns and villages, enforce now certain regulations of milk inspection. However much good is accomplished by it, it is not farreaching enough. Under it milk is examined almost entirely from the chemical view point, as to specific gravity, proper proportion of fats and solids, presence or absence of adulterants, water, preservatives. The physician knows that this alone does not determine the value of milk as a food for infant, invalid or healthy adult. Milk readily acts as a carrier of contagious diseases, not only such as may exist in the cow, but also those existing in the human family. The food, water and hygienic surroundings of the cow influence very largely the diet value of milk. When we learn that in greater New York 75,000 quarts are consumed daily and that the annual milk supply of the United States is nearly six billion gallons, we see the vast importance of it as an article of food and the necessity of securing its purity. Yet Dr. Ravenel, a bacteriologist of the University of Pennsylvania could state that a sample of the ordinary city milk is as pregnant with microbes as samples of city sewage that have been brought to him for examination. The fault lies chiefly with the first handling of milk by the farmer, the housing, feeding and keeping of cows. In country districts also much impure milk is sold to the consumer. Prof. Russell, of the Wisconsin State Board of Health, found in Madison from 35,000 to 2,000,000 microbes to the c. c. of milk, while it should not contain more than 10,000. On the other hand milk bought for a week from a concern in Philadelphia which conducts dairying with scientific cleanliness averaged only 2,678 microbes to the c. c. A thorough milk inspection ought to look into the character of the cow's food and drinking water, cleanliness, ventilation and drainage of stables and milk house, the health and personal habits of those who handle the milk and the manner of handling, milking, straining, cooling, care of cans, etc. In a few dairies probably cows are thoroughly cleaned before milking and the milkers observe the rules of personal cleanliness as we expect from our cooks. It may not be possible for the present to enact laws to such effect. All that can be done must be in the nature of educational effort. The inertia of the average farmer must be overcome and he must be taught hygiene. The physician's best ally in such missionary work would be the housewife, the mother. If women would take an active interest in the matter, make a personal investigation of all the conditions and surroundings of the dairy or farm from which they obtain the milk supply for their families, condemn uncleanly and teach wholesome methods of work, their influence for good would be felt quickly. Most farmers offend by reason of ignorance. In some places a sort of merit system has been introduced with excellent results. Dealers in milk and owners of dairies agree to a weekly inspection

of milk, herds and dairies by the board of health, whose reports, favorable as well as unfavorable, are then published.

FROM JAPAN.

In an interesting letter from Japan Dr. E. G. Register, of North Carolina, tells of the prevalence of tuberculosis in that country. Thirty-two per cent. of all deaths in Japan is due to tuberculosis and of all cases admitted to the large hospital at Tokio thirty-five per cent were tuberculosis. On the other hand skin diseases are very rare among the Japanese, probably owing to their cleanliness and frequent use of baths. There are over eleven hundred public baths in Tokio alone and it is estimated that four hundred thousand people patronise them daily. In the hospitals both sexes were often in the same ward, being bathed and dressed at the same time, without any embarrassment to any one. In one city seven operations were being performed at the same time in the same room, both on male and female patients, all preparations, such as dressing and undressing being done there likewise. One surgeon claimed seven laparotomies for perforation in typhoid with three recoveries.

A MATTER OF BUSINESS

Physicians are poor business men. 'Tis pity, but 'tis true. Poor ways of bookkeeping, slack collections, unwise investments, lack of organization, etc. bring it about that most physicians accomplish nothing but a living and few leave more than a life insurance. Our weakness is recognized and often taken advantage of by others, business men. There are, for instance, the cheap life insurance concerns springing up all over the country, generally disguised as fraternal orders. Their fee for medical examination is one dollar. This is absurd. Their blanks demand of the physician more clerical work than those of the high grade companies, the skill they require, the responsibility they impose, are the same. How can any physician afford to spend the time and assume the responsibility for one dollar? There comes an agent, styled a Supreme Deputy, to a town to start a lodge of his special order. He looks up a doctor, tells him "I shall bring you not less than fifty men in a few weeks, that will be fifty dollars in cash for you." The bargain is made, the low rate established remains, another earns good commissions at the doctor's cost. How shortsighted! No physician, however small his business, should consent to such arrangement. He lowers himself and his profession. Either he makes a careful and conscientious examination then he gives them good value for poor return, or he simply fills out the blank, gives them just one dollar's worth of work and passes every applicant, then he stultifies himself. There is no other alternative. No wonder deputies look upon the medical examination as a rather unnecessary matter of form. Physicians ought to, in their own interest as well as that of the insurance orders, take a firm stand against the abuse. Let them combine, first in their respective communities, then in county, state, and national societies, to abolish the nuisance and raise the fee for insurance examination so as to be a little more adequate. They can do it.

DIARRHEA.

Dr. Thompson employs the following treatment in diarrhea of indigestion. A purgative dose of calomel is given, and the patient is kept quiet and warm; a milk diet is ordered, and emetin, in doses of 1-250 of a grain every hour, prescribed. With this treatment he has rapidly stopped the diarrhea, and caused the nausea and anorexia to disappear.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

METRIC WEIGHTS.

For years we have been told that the metric system of weights is the only one that should be used by medical men. We wonder why it is so little used in this country. There must be some reason why physicians still use apothecaries' weights. It is not from ignorance of the metric system, as for years every college in the land has taught the metric system. We believe that physicians continue to use the apothecaries' system because they find it more simple and easy. The claim is made that mistakes are less likely to happen with the metric system, but we do not believe this to be true, as it is certainly easier to make an error in a decimal than to write the wrong character of the apothecaries' table. It looks as though the physicians intend to give the preference to the apothecaries' table, no matter how theoretically ideal the metric system may be.

THE ARMY CANTEEN.

All reports indicate that the abolition of the army canteen was a mistake. We believe that everything possible should be done to elevate the moral condition of the soldiers but abolishing the canteen has made the morals of the army worse instead of better. With the present condition of affairs, as soon as the soldiers get their pay they go to nearby saloons and squander their money in drinking and gambling. Since the present law has been in force, more drunkenness and venereal diseases prevail in the army than ever before. After visiting the saloon many of the soldiers visit the brothel. Another serious feature is the large number of desertions from the regular army recently on account of the present law in regard to the canteen.

The Association of Military Surgeons at the recent St. Paul meeting passed the following resolution:

"Whereas, The Association of Military Surgeons of the United States, now in session at St. Paul, recognizes that the abolition of the army post exchange or canteen has resulted, and must inevitably result, in an increase of intemperance, insubordination, discontent, desertion and disease in the army; therefore, be it

"Resolved, That this body deplores the action of congress in abolishing the said post exchange or canteen, and, in the interests of sanitation, morality and discipline, recommends its re-establishment at the earliest possible date."

The American Medical Association also passed the same resolution. The discussion was very animated at the Association, but the general sentiment was that the canteen was amuch smaller evil than the present condition of affairs.

We understand that the army canteen is in reality the men's club and all sorts of things are sold. The profit from the operations of the canteen go directly into the regimental fund and the private soldier who spends his $15.60 a month in the canteen and who afterwards is laid up in the hospital gets a double benefit from his salary and is provided with delicacies procured by the money in the fund.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

A SYLLABUS OF NEW REMEDIES AND THERAPEUTIC MEASURES; With Chemistry, Physical Appearance and Therapeutic Application: By J. W. Wainwright, M. D., Member of the American Medical Association; New York State Medical Association, United States Pharmacopeial Convention, 1900; American Chemical Society, etc. Pages, 229. Price $1.00 net. G. P. Engelhard & Co., 358-362 Dearborn St., Chicago, 1901.

The preface of this book opens with the following statements: "I will admit the science of chemistry to be an exact science, mathematically determined; that a chemical, if pure, is identical with every similar product without regard to its source. I will grant that operative surgery is susceptible of predetermined results; that the study of obstetrics has in the main become a science; that a knowledge of optics entails an acquaintance with laws upon which all agree and which do not vary; that all specialties in medicine are governed by a routine procedure which has but little variation.

"I will with equal boldness maintain that the part of the practice of medicine which brings to the physician success; that enables him to meet his obligations; that extends the boundaries of his domain and holds fast his clientele, is the least understood of all branches of medicine. I refer to Pharmacology, or the science of medicines, their nature, administration and effects.

"Synthetic chemistry has added many new remedies to the physician's armamentarium, and the knowledge of these becomes day by day more extended as their application is better understood, but the curricula in our schools do not include them; many otherwise admirable books ignore them, and thus force the progressive practitioner to accept interested literature or the statement of, usually, non-professional men."

Dr. Wainwright says that the desired information must be obtained from the medical journals and such books as this. This book contains a large amount of information on new remedies. The remedies treated of have all passed the experimental stage and have established therapeutic values. Considerable attention is given to recent advances in anesthetics, animal remedial preparations, serum therapy and the Nauheim treatment. A therapeutic index adds to the value of the book. This series of books is prettily bound in red cloth with gilt tops and wide margins.

THE ACUTE CONTAGIOUS DISEASES OF CHILDHOOD: By Marcus P. Hatfield, A. M., M. D., Professor Emeritus of Diseases of Children, Northwestern University Medical School; Professor of Diseases of Children, Chicago Clinical School; Attending Physician, Wesley Hospital. Pages, 142. Price $1.00 net. G. P. Engelhard & Co., 358–362 Dearborn St., Chicago. 1901.

Dr. Hatfield's long experience in pediatrics gives anything he writes the stamp of authority. He has condensed into this little book the results of the labors of many mas er clinicians. He well describes the book in his preface when he says:

"It is, as is very apparent, 'composite' of the various writers on the subjects discussed, especial pains having been taken to embody the views of later French and German pediatricians.

If it has succeeded in doing this succinctly, clearly and to the help of those who read it, it has accomplished whereunto it was sent; if it has failed, the compiler has honestly endeavored to make it worth the reading."

Dr. Hatfield has succeeded in giving the experience of others but also in giving much from his own experience. Every practicing physician having this book will have frequent occasion to use it. In a few minutes a clear idea of a disease and its treatment can be obtained.

THREE THOUSAND FIVE HUNDRED QUESTIONS ON MEDICAL SUBJECTS, Arranged for Self-Examination, with the Proper References to Standard Works in Which the Correct Replies Will be Found. Third edition, enlarged. With Questions of the State Examining Boards of New York, Pennsylvania and Illinois. Pages, 230. Paper, 10c. P. Blakiston's Son & Co., 1012 Walnut St. 1901.

This little book has been prepared by a medical man, a teacher and writer of experience, with special reference to the actual wants of the medical student. By its help the student can successfully quiz himself on all the important branches, or review any one subject in which he feels himself particularly deficient. This book will also be found useful by physicians who are preparing to take state examinations.

BOOK NOTES.

The Standard Medical Directory will be issued by G. P. Engelhard & Co. about August 1. The editors are striving to produce a directory that will be a necessity to the profession.

Health-Culture has improved its appearance recently by donning a new cover. This magazine is devoted to physical culture and hygienic and sanitary matters.

If you wish to know about desirable books on any subject, we shall be glad to advise you. We keep on file announcements of new books from leading publishers and are in a position to tell you something about the best books.

Among the valuable articles in Modern Culture for June should be mentioned "The Literary Address," by Hamilton W. Mabie, and "Art at the Pan-American." Especially bright are the departments, "From a Quiet Corner" and "Rambles Out of Doors."

Chicago is assuming a position of importance as a center of medical book publishing. Recent announcements of the Year Book Publishers, and G. P. Engelhard & Co., and other publishers show that a number of important works will soon be published in Chicago.

Success every month presents the achievements of men who have become prominent in the world. The helpful features of this periodical have been appreciated, as its circulation has been rapidly increasing until it is now one of the great leading magazines of the day. Ask your newsdealer for a copy of the June issue and see what a variety of solid matter is in it.

The Eighteenth Report of the State Board of Health of Wisconsin has been received. Secretary U. O. B. Wingate's report gives a voluminous account of various health matters of the state. Of special interest are the report of a case of poisoning by a species of hemlock and the account of an outbreak of anthrax fever, which occurred at Medford, Wis. We hope to publish at a later date abstracts of these two articles.

The fourth colored plate is the series which Battle & Co., of St. Louis, are publishing, has just appeared. This one shows a fracture of of the neck of the femur. These plates are very useful, and if you have not received them we advise you to drop a line to Battle & Co. and get the complete set. They are sent free to physicians.

In the opinion of an astute correspondent of McClure's Magazine, Josiah Flynt's articles have done more for the improvement of municipal government than has been done by any or perhaps all other movements in that direction. Such being the case the citizens of Boston, particularly those of the Back Bay, should welcome Mr. Flynt's article in the June number, "Boston—A Plain Man's Town."

Among the most interesting features of the June Ladies' Home Journal are a double page of pictures, entitled "Where Golf is Played," showing some of the handsomest country club houses in America; a series of curious "Love Stories of the Zoo," told by Clifford Howard; a touching full-page picture of "The Passing of the Farm," by W. L. Taylor; the queer experiences with "Some People I Have Married," by the Rev. D. M. Steele, and a vigorous article on "Women as 'Poor Pay,'" by Edward Bok. Numerous other articles of general and domestic interest fill out the rest of the number. By The Curtis Publishing Co., Philadelphia.

The June World's Work discusses the important topics of the month, the world over. The financial boom and panics, the new politics of the South, educational matters in the South and elsewhere, the doings in Cuba, China, the Philippines, the President's trip, and the Pan-American Exposition are among a large number of subjects talked of in the March of Events, and in Among the World's Workers are such varied topics as public land, postal statistics, English parcel delivery, bridges, automobiles, trade-schools, music, the Y. M. C. A., engineering, buttermaking, machines, steamers and trains. A large number of finely illustrated leading articles present important articles of the day. The World's Work is meeting with great success and it certainly deserves it. It should be on every thinking man's desk.

Maxwell Gray, who wrote "The Silence of Dean Maitland," is the author of the complete novel entitled "Four-Leaved Clover" in the June "New" Lippincott Magazine. The name of Cy Warman generally presages something to do with railroads. "Oppressing the Oppressor" confirms this impression, for it is a story of a political deal, which may recall real episodes in the reader's experience. The author himself says that "the remarkable part of the story is the fact that the building of a side-track in an open plain turned out to be good business." "A Great Midsummer Fair," by Francis J. Ziegler. is a brief, breezy description of the great fair that is held each summer at Nijni Novgorod, Russia. It attracts many globe-trotters, and those who cannot see for themselves can now read and later talk about it too. In view of our rapidly growing foreign American trade this is an article of great value. Prof. Lewis M. Haupt, member of the Isthmian Canal Commission, contributes an able paper on "Population and the Isthmian Canal." In it he says, taking into account the average decennial increase as calculated by Abraham Lincoln, "These figures show that our country may be as populous as Europe now is at some point between 1920 and 1930—say about 1925." This is but a part of the good things in the magazine.

THERAPEUTIC CULLINGS.

Acne—
℞ Ichthyol, ʒiv.
Hydrarg. chlor. cor., gr. ss.
Ung. zinc oxid, ℥ij.
M.

Asthma—
℞ Ammon. mur, ʒiiss.
Morph. mur, gr. iij.
Ant. et potass. tart, gr. iiss.
Chloral, ʒiv.
Fld. ext. grindel, robust, ℥iss.
Syr. glycyrrhiz, ℥iv.
M. et S. One teaspoonful every three or four hours. N. S. DAVIS, JR.

Asthma—
℞ Pulv. stramonii, ʒiv,
Pulv. anisi
Potass. nitrat, ʒij.
Pulv. tobaci, gr. v.
M. et S. Burn and inhale.

Cystitis—
℞ Acid benzoic, ʒiv.
Sod. biborat, ʒiij.
Aq. cinnamon, ℥vj.
M. et S. Two to four teaspoonfuls four times daily.

Carbuncles—
℞ Fld. ext. echinacea augustifol, ʒiv.
Zinc oxid, ℥iss.
Ung. aq. rosae, ℥ij.
M. et S. For local use.

Colic, flatulence, etc.
℞ Pulv. zingiberas.
Pulv. acaciae.
Sodii bicarb.
Bismuth subnitratis.
Sacch, alb. aa, ʒij.
M. et S. One teaspoonful dissolved in water as needed. HOLLISTER.

Rheumatism, chronic—
℞ Potassii iodidi, ʒiij.
Vini colchici sem., ʒj.
Tinct. cimicifugae q.s. a, ʒiv.
M. et S. One teaspoonful three times daily in water.

Hemorrhoids—
℞ Acidi tannici, ʒj.
Ext. opii., gr. iij.
Ext. belladonnae, gr. iv.
Petrolati, ʒj.
M.

Pertussis—
℞ Tinct. lobeliae, ʒij.
Sodii bromidi, ʒiij.
Spiritus aetheris nitrosi, ℥j.
Syrupi limonis, q.s. ad, ℥iij.
M. et S. A half to one teaspoonful every one or two hours. SHOEMAKER.

Sweats of phthisis—
℞ Hydrozone, ʒiij.
Acid, sulphuric. dil., ʒss.
Glycerine, ʒiv.
Aq. destillat, ℥iij.
M. et S. Two to three teaspoonfuls well diluted.

Eczema, acute—
℞ Acid salicylic, gr. xij.
Zinc oxid, ʒiv.
Petrolati alb., ℥j.
M.

Acute gastro-enteritis in children—

		Gram.
℞	Thermol	0.50
	Dover's powder	0.15
	Bismuth subnitrate	4.00
	Sugar	q. s.

Mix and divide into 15 powders and sign—one after evacuation or every two hours. ROSENTHOL.

Acute catarrhal enteritis—
℞ Ol. ricini, ℥ss.
Tr. opii camph., ℥ss.
Mist. cretae, ℥ij.
Syr. acaciae, ℥j.
M. Sig. Tablespoonful every two hours until bowels check.
—Memphis Medical Monthly.

Painless blister—
℞ Mentholis,
Chloralis, aa gr. xx.
Ol. theobrom., ʒss.
Spermaceti, ʒj.
M. ft. past. Sig. Apply.
—Medical Record.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Duboisine Sulphate—This alkaloid has been found useful in insomnia.

Small Pox—In the treatment of small pox some excellent results are being obtained by the use of ecthol. It is administered in teaspoonful doses every two or three hours. It is also applied locally, and some reports have been made stating that it prevents pitting.

Valable Preparations—Morgan & Co., of New York; make a line of preparations entirely different from anything else on the market. Their tissue food is an elegant product that is a rapid tissue builder. Sabalol spray is useful in various nasal troubles and Sabalol throat tablets are helpful in many throat troubles. We advise our readers to investigate the merits of these preparations.

Dr. Caldwell—Dr. W. S. Caldwell died at his home in Freeport, Ill., June 7, aged 69 years. He was a surgeon of great ability, and for years had an enormous practice. He left an estate of $400,000, of which his wife and daughter each receive $100,000, the Provident Hospital of Chicago $50,000, and various other institutions the balance.

Uterine Congestion—Dr. M. J. Halsey, of Fowler, Ind., writing, says: "I have found sanmetto perfectly satisfactory and I take pleasure in recommending it in cases of uterine congestion, having tried it and proved its efficiency in such a case. I have placed it in the foremost of my list of favorite remedies for congestion of any mucous membrane in the body."

Dr. W. H. Daly—Dr. Wm. H. Daly, of Pittsburg, shot himself in the head June 9, causing immediate death. He was somewhat deranged mentally, it is supposed. He was born in 1842, served as a medical cadet through the civil war and graduated from the medical department of the University of Michigan in 1866. He became a prominent laryngologist and was a member of a number of societies of this country and Europe, He became prominent as chief surgeon of volunteers on General Miles' staff during the Spanish war and his investigations and reports resulted in the "embalmed beef" controversy. He left a fortune of over $200,000.

Mosquitoes—The knowledge gained by investigations of the part that mosquitoes play in the dissemination of disease is being put to practical use. The sanitary authorities in Havana carry on a systematic warfare against these pests and believe that good results have been acomplished by it. The number of cases of yellow fever in the city is much smaller than in former years. St. Anthony Park, a suburb of St. Paul, has, under the instruction of Dr. Ludger the state entomologist, undertaken the extermination of the mosquito by applying kerosene to the breeding places. The method is simple and easy, it takes only about one ounce of the oil to every fifteen square feet of water surface. The example might be followed in other localities.

Anemia—Dr. Hugo Summer, professor of pathology in the Marion-Sims College of Medicine, has been giving special study to anemia. He says: "Anemia, in the broadest sense of the word, includes all those processes characterized by a decrease in the amount of albumin and by an increase of the liquid part of the blood; in other words, hypalbuminemia and hydremia are conditions present in all forms of anemia, and this holds good, not only in cases of primary anemia, like leucemia and chlorosis, but also in all so-called secondary anemia." He has been using pepto-mangan, Gude, in the treatment of his cases of anemia and has had pleasing results.

Weltmerism Dead—The following interesting editorial note appears in the last issue of the American Journal of Surgery: Weltmerism is dead. The postal authorities first stopped the enormous mail delivery (more than 30 stenographers were constantly engaged in answering letters requesting absent treatment—at $3 a treat) under a fraud order; and when the proprietors, S. A. Weltmer and J. H. Kelly, where arraigned in the United State court a plea of guilty was entered to the charge of using the mails to defraud. A fine of $1,500 each was imposed. The business has been discontinued, and Nevada, Mo., has sunk from a first-class office to a third. What will be the next fad of hypochondriacs?

Quinine—Many of the objectionable symptoms of quinine, tinnitus, headache, nausea, etc., are due to the admixture of deleterious substances with the quinine. The pure quinine alkaloid has few of these objectionable features. Dad's quinine is the purest possible product, as shown by the analysis of the leading chemists of the country. James P. Millwood, chemist at the United States Naval Laboratory, Brooklyn, reports:

I have made a careful chemical analysis of Dad's quinine pills purchased in the open market from retail druggists in Brooklyn. To report, briefly the result of my examination, I found the pills disintegrated quickly and completely, the quinine salt present freely soluble, neutral and of a high degree of purity. An assay showed the pills to contain fully two grains of a quinine salt, richer in alkaloid than, and for many reasons preferable to, the sulphate.

Phenacetin—Phenacetin has met with such success in clinical use that it has had numerous imitators, infringements and substitutes. The Farbenfabriken of Elberfeld Company has a number of times found it necessary to protect its rights by legal process. A recent decision by the United States circuit court of Eastern Pennsylvania sustains all the claims of the manufacturers. We quote the following from the court opinion: "Phenacetin is a valuable antipyretic and antineurlgic remedy and was so recognized immediately by the medical profession. It does not depress or injure the nervous system and is therefore used in the treatment of many diseases. It has been extensively sold in the United States and elsewhere, the sales in this country between 1890 and 1900 being more than 3,000,000 ounces—this quantity being equivalent to 150,000,000 doses—the value being more than $1,000,000. This useful and valuable product was deliberately sought for by Hinsbery. It came into existence by the exercise of his inventive faculties, and he is entitled to the fruit of his beneficent labor, unless it clearly appears that he was not the first in the field. As I regard the testimony, his claim to

priority has not been successfully attacked, and the complainants are therefore entitled to the usual decree with costs of suit." Physicians using phenacetin should obtain it in the original package aed they will be sure of the pure and safe product.

Guaialin—Guaialin is a new preparation of special value in the treatment of tuberculosis. It is an organic compound, a white, crystalline, odorless and tasteless powder, which contains 55 per cent. of pure guaiacol, and at the same time nonirritating and readily assimilated. Retaining all the good qualities of guaiacol, guaialin is a mild antipyretic and analgesic, and an elegant antiseptic in all stomach and bowel troubles. Under the continued use of guaialin in the early stages of pulmonary tuberculosis the the bacilli grow less, coughing becomes easier, expectoration becoms lessened, night sweats diminish and the general physical signs improve under its influence. Guaialin is very beneficial in bronchitis and influenza as well as in pneumonia. It may be administered either in powder or capsules, and the adult dose should be five to eight grains every four hours and gradually increase until twice that quantity is given. Further information regarding the preparation can be obtained of the Liberty Chemical Company, Philadelphia. This firm has recently introduced a number of valuable preparations which are worthy of extended investigation.

Bovinine—Dr. C. W. Canons, of Orkney Springs, Va., has made a thorough investigation of the method of preparing bovinine, and reports what he found, in Modern Medical Science. As bovinine is known to the whole profession, his article is of decided interest to all practitioners. We extract the following:

I continued these investigations until I was thoroughly satisfied, and will give below the composition of bovinine and briefly its process of manufacture. Formula for bovinine, as copied from record book:

Defibrinated bullock's blood, 65 per cent.

Desiccated egg albumen, 19 per cent.

Old bourbon whisky, 10 per cent.

Chemically pure glycerine, 5 per cent.

Chemically pure boracic acid, 1 per cent.

Total, 100.

The plant where bovinine is made is in Chicago. The blood used is arterial and from cattle that are sound in every respect. This blood is caught by the world-renowned Armour people, only the first gush after the throat is cut being used. The blood so caught is then taken to the plant at 1314 Bronson street; here it is agitated and mixed in tanks, holding 30 barrels each, by steam paddles which blend and render limpid and bland the preparation. The pure white of eggs adds greatly to the efficacy of the product. It soothes the irritated stomach and intestinal canal, and at the same time is highly nutritious. Pure glycerine is a valuable antiseptic and is also nutritious, while the four-year-old bourbon whisky is stimulating and at the same time prevents retrograde tissue-metamorphosis. The small per cent. of boracic acid can only act as a mild antiseptic. The value of the pure article of bullock's blood as a physiological agent to sustain the vital forces has been proven over and over again, and needs no comment by me. I have not gone into the minute description of the process of this product, because I did not think it necessary, and if any physician who reads this doubts any part of its or would like to know more about the details, he should go to Chicago during the months of October

and November (this being the best time adapted for its manufacture) and see for himself; he will be welcome. These investigations have been made purely to ascertain the truth, and that I might be better posted in reference to the composition of such a valuable preparation as bovinine in the future.

Per Os.—The editor of Merck's Archives has been brushing up on his Latin and the following is the result:—

Many writers of medical articles have an irresistible liking for rendering the phrase "by mouth" (when speaking of administering medicines) in Latin. There is no objection to this, except when the phrase is so translated that it would have given a fit of indigestion to Cicero, and grates on the nerves of any one who is familiar with even the rudiments only of the noble Roman tongue. Per orem is incorrect, ungrammatical, and all together barbaric. No Roman ever said per orem. How this phrase gained currency in our medical literature is beyond comprehension. The correct is per os. "Per" is a preposition requiring the accusative case! "os" is a substantive of the neuter gender, of the third declension! and the accusative of the neuter gender is always the same as the nominative. Consequently, "by mouth" should be rendered "per os" and not "per orem."

Remarkable Success.—It is an indisputable fact that medicine and the cure of disease has, through the persistent study of eminent men made tremendous strides. Take for instance epilepsy which even today is pronounced incurable by many physicians, has become amenable to positive cure. Dr. W. Towns of Fond du Lac, Wis. has made the cure of the dread disease a study for the last thirty years and now positivly asserts that fully 90 per cent of all cases of epilepsy can be cured, excepting traumatism and cerebral tumors as causes which are of another consideration. Dr. Towns furthermore does not make this claim, with the idea that physicians should believe it merely on his assertion, but if they will write him, he will gladly furnish the names of some of the most prominent citizens of the state, men whose names are above reproach, to whom they may write or to whom they may speak, in verification of all that he claims for his specific. Among patients he has cured, are those who have suffered with epilepsy for over twenty years and some who have had as many as sixty seizures in one day, who have been permanently cured. Any physicians having cases of epilepsy should write Dr. Towns at once, as it costs very little to satisfy themselves of the absolute facts as to his success and he will willingly give you any information which may aid you in effecting cures.

The Feet.—Health, the popular English hygienic journal, in a recent editorial on the care of the feet, says: Is sufficient care devoted to those long tried, faithful servants of ours—the feet? We fear that not half the attention they require is given to them; and one very important point to be considered in this connection is the choice of boots and shoes. They should be neither too small nor too large—one is as great an evil as the other—but just adapted to hold the feet firmly and not rub or chafe anywhere. A frequent change of footgear is advisable both in the interests of the foot and the boot, and will help to keep both in good condition. If the foot is inclined ta swell after long standing, frequent hot baths with sea-salt dissolved in the water should be given, followed by a good rubbing with alcohol or bay rum. Dipping the feet night and morning in cold or hot wa-

ter should never be omitted, and rubbing them daily with eau de cologne, bay rum or alcohol will keep them fit for any amount of walking, provided of course that justice be done in the matter of boots and shoes. A little pedicuring should follow the semi-weekly hot foot bath, and is just as important as manicuring.

Tight Lacing.—Tight lacing has always been the bane of the hygienists. but thanks to the popularity of physical culture among fashionable ladies, it is not quite so common an evil as formerly. A writer in the Lancet, writing on tight lacing, says: It is my belief that a large proportion of the anemia in girls is due to tight lacing; and for several years it was a custom of mine to measure the waists of all the anemic girls who came before me and the corsets they were wearing; and I have records of dozens of cases of anemia in which waists which naturally measured 22, 23 and 24 inches were compressed into corsets measuring 19, 18, 17 and 16 inches. I have repeatedly seen their livers displaced by tight lacing, and in one of my private patients the liver was so displaced from the same cause that it was forced even below the intestines.

Constipation.—Dr. J. A. Rene, of Superior, Wis., in writing on laxation in constipation in the Chicago Medical Times, says: The successful treatment of constipation does not consist in simply momentarily relieving the overloaded intestinal organs, because some of the pathological conditions co-existing may persist even after this result has been obtained. The fact that there is an intimate association between the intestinal and cerebral functions was early recognized by the ancients, a fact that shows the need of attending to the cerebral disturbances while correcting the pathological conditions of the gastro-intestinal tract. The habitual use of purgatives is not to be encouraged, as it only increases the disability which they are intended to remove; and therefore it is essential that the treatment should be one aiming at permanent results as well as relief. And for that reason it is very often necessary to combine drugs that will not only relieve the constipation, but also cure the other pathological conditions which might have been tne primary cause of the constipation or have it brought about by the constipation itself. Of late years many preparations have been placed at the disposition of physicians, and some of these preparations are certainly scientific combinations. Most of them contain such splendid remedies as belladonna, aloes, cascarin, etc., but of all recent preparations which have come to my notice I have found the laxative antikamnia and quinine tablets to be the most efficacious in relieving cerebral disturbances as well as curing the intestinal trouble. A close study of this combination shows that it is a tonic-laxative, analgesic and antipyretic, and its administration in certain cases is sure to be followed with excellent results. For instance, in the sequelae of typho-malarial cachexia, when a gentle and safe laxative combined with an anti-periodic is required, I have found this preparation of the utmost value. The co-operative or synergetic properties of these ingredients will readily commend themselves to the profession.

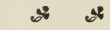
Not Extinct.—Dr. I. N. Love, of New York City, the talented editor of the Medical Mirror says of Dr. C. A. L. Reed that he "is a 'good fellow' but not the one who is willing to be used as a door mat or a receptacle for debris, but the 'good fellow' who in addition to possessing an infinite

capacity for hard work, enjoys a good joke; an optimist who loves not only his friends, but his fellow man and allows large margins for their fields, who in spite of financial cyclones, commercial depression, delayed peristalic waves of prosperity and the fact that things do not always go his way, believes that life is worth living and that this is a very beautiful word full of very pleasant people." This summary of character applies very nicely to Dr. Love himself. He is one of the "good fellows" of the professon. His Medical Mirror reflects his geniality and good will toward all. Dr. Love has the kindest words for all except when he refers to Dr. Geo. M. Gould, of Philadelphia. Dr. Gould has the unhappy faculty of continually meddling with other people's affairs and making the most uncalled for, harsh criticisms of others' work, a characteristic which has made him somewhat removed in the past from a successful managing editor. He has found that while Dr. Love is a "good fellow" he cannot use him for a door mat. There is something wrong with the fellow who can stir up Dr. Love's enmity as Dr. Gould has done. In speaking of Dr. Gould's new journal, Dr. Love writes thus in the Medical Mirror: "The African quagga is extinct, and several families of antelopes have been wiped out of existence, zebras are scarce, giraffes are few in number, the rhinoceros and the hippotamus are passing away from view, the wolf and the catamount, the wildcat and the prairie dog are being crowded out by civilization, the American bison, the picturesque buffalo, once roaming over the western praries in herds of thousands and tens of thousands along with the noble red man of the forest count but a few feeble folk as pitiful survivors, the great American "fil li-lue" that formerly in great hordes with such agility jumped from craig to craig and precipice to precipice and played so beautifully upon the musical equipment which nature so bounteously provided the airs of his own native land, is now no more, but thank God the Great Mogul, the Grand Mufti, the Ah Koond of Swat, the head pen and pencil pusher in the ranks of medical journalism, in spite of cruel financial cyclones and tottering thrones is still with us wielding his emblem of power and authority, seated upon the tripod of American Medicine. The first issue of American Medicine is a splendid evidence of the striking ability and energy of its business manager, Mr. Reynolds, but from the standpoint of alleged ethical sentimental medical journalism it is a sight to bring tears to the eyes of the elect to observe that it is made up of forty pages of reading matter and 120 pages of advertisements—almost suggesting the tail wagging the dog." The large amount of advertising in the first few issues of American Medicine was secured by the promise of large editions of the first few issues, but now that the journal issues its ordinary number of copies, nearly two-thirds of the advertising pages have been dropped.

The Decollete Costume.—In "Parisian Medical Chit-Chat" in the Cincinnati Lancet-Clinic is a short dissertation on the evils of decollete dress, that expresses the truth. But very little good, however, will be likely to follow any efforts to suppress this style as the human race seems to be attached to slavery to fashion. Just as we pinch our feet into narrow, pointed shoes when fashion dictates, so will the society lady continue to wear the decollete gown as long as fashion decrees, irrespective of what is said or done. We quote from this article the following:

From a hygienic point of view all physicians willingly affirm that it is unhealthy for a woman to uncover her

throat and chest, to expose her entire thoracic cavity to the changes of temperature, especially during the winter season, when social functions, public charity balls and opera box parties are the rage. No matter what the opinion of microbian professors may be, the wise doctor never denies, ex cathedra the a frigore of anginas and pneumonias. But there is a psychological question in this connection that is much more interesting. Who can explain why women blush before physicians when obliged to show, for professional reasons,' a bare throat or chest, and yet willingly make a holy exhibition of alleged charms in public gatherings? Why do women, even among the most chaste, show themselves, without apparent shame, to the eyes of a wicked masculine world? The immodest society woman in all the world is the English woman. Go into any London hotel between six and seven o'clock in the evening, and in the hall you will find crowds of half-nude women, whose corsage, thin or opulent, publicly exposes its contents; it is not in the parlor or dining-room that this exhibition occurs, but in the vestibule, at the hotel door, almost in the street. A traveler can only smile at all these treasures of English prudes placed gratuitously under wondering Continental eyes for a very close inspection. Such spectacles are daily enjoyed by British lackeys, and the cockney "'Arries," who pass by in an admiring and approving manner. Carlton Hotel, London, like the Waldorf Astoria, New York, about seven o'clock p. m., resembles a demi monde rehearsal in Paris about the opening time for midnight revels. It is this abuse of decolletage that has caused the decent class of British matrons to revolt and form against low-necked dresses. A Miss Phelps is at the head of this league to reform fashionable women, and here is an extract from one of the Philippics she addressed to her society: "Decolletage is the shame of virtuous women; the low-necked dress and the exposure of a nude body without shame is a disgrace to modern civilization. Your princesses and great dames are the ones who set this immoral and immodest fashion. Any cook in England is vastly superior to a princess; when a servant girl goes to a Saint Patrick ball she is dressed in the manner of an honest woman. With a full instinct and often a fuller knowledge of the cause, no woman is ignorant of the fact that the sight of feminine nudity excites sexual desire in man; she knows that it is flesh calling to flesh." The language of Miss Phelps is quite just. The comparison she establishes between a cook and a princess is a striking piece of verity. No woman from among the honest working class of people, or even from the really best middle class, would go to a ball decollete. Such a woman would be viewed badly; she would find neither a dancing partner nor a man who would marry her. The honest mass of every civilized peoples despise immodesty in a woman; they admire woman's greatest jewel, i. e., modesty.



Unguentum Ranunculi Ficariae.—Sir James Sawyer, M. D. London, Senior Consulting Physician to the Queen's Hospital has an article in the Birmingham Medical Review on the use of this preparation in hemorrhoids. Dr. Sawyer urges more study of the medical virtues of plants, with truth. There are many plants in this country which if studied would be found of great value. The discovery of the value of echinacea augustifolia illustrates this, Dr. Sawyer writes: Of the ointment I used in such cases, I have mostly used for several years, and as I have found with prosperous therapeutic results, ene made from the plant ranunculus ficaria. Of course, we all know if we be sound

therapeutists, that the use of any topical applications, in the treatment of piles and local hemorrhoidal conditions, is only supplementary to the relief or cure of the well-known constitutional conditions and visceral obstructions which occasion the disease. As Ericjsen rightly taught: "In conducting the treatment of a case of piles, that surgeon will succeed best who looks upon the disease not as a local affection, merely requiring manual interference, but as a symptom, or rather an effect, of remote visceral obstruction and disease, the removal of which may alone be sufficient to accomplish the cure, without the necessity of any local iuterference or, should it be thought necessary to have recourse to operative procedure, this must be made secondary to the removal of these conditions that have primarily occasioned the congestion and dilatation of the hemorrhoidal vessels."

I was led to the construction of a formula for an ointment of ranunculus ficaria, and the use of that ointment in my practice by dint of habitual herbal reading and botanical observation. I venture to think that a physician who wishes to advance his art may still study herbs and herbals with much advantage. The ranunculus ficaria—sometimes called ficaria verna, and popularly known by the names lesser celandine and bilewort—is a well known British, wild, perennial plant, showing in the spring, in meadows, hedge-banks, and especially in woodlands where the trees are not crowded, its bright, glossy, yellow, star-like blossoms, and shining, green, kidney shaped or heart shaped leaves. The perennial root bears amongst its fibers many little fig-shaped tubercles; hence the name ficaria The larger of these tubercles are of an elongated polypoidal form, and about half an inch in length. They are brownish externally, and fleshy upon section. To prepare the ointment, I direct that the whole fresh plant be used, gathered at the time of its greatest perfection—namely, when it is blooming in the spring. The plants, cut into small fragments, are kept immersed in melted pure hog's lard, at a temperature of about 100 F., in the proportion of one part by weight of the plant to three parts of lard, for 24 hours. At the end of that time, the portions of infused herb in the melted lard are subjected to the sufficient pressure to produce the yielding of their juices to the fatty infusion is thereupon strained and allowed to cool and solidify, to form the ointment. Care must be taken not to raise the temperature of the mixture too high, lest the colour of the ointment be spoiled. The ointment should be green, of a shade which may be described as a bright green olive green. It should be applied to the affected parts by inunction, with the aid of a finger, about twice daily, preferably just after the alvine evacuation. For its English name, the ointment might be called celandine cerate, and the word cerate might be justified literally by preparing the ointment with white bee's wax and oil, say almond oil, in due proportions, instead of with hog's lard, infusing the plant in warmed oil.

Of the ancient reputation of the therapeutic virtues of pile-wort in hemorrhoidal affections, and of the popular appreciation of those virtues in the domestic medicine of country places, abundant record is to be found in many English herbals and in many botanical accounts of our native flora. Medical archaeologists will enjoy this little pilewort's lore, with its "doctrine of signatures," to which doctrine we owe our early knowledge of opium, and with its popular repute amongst the herb-curers of the people, a remedial vogue of the kind in which our immortal Birmingham Withering found and gave to us even the modern use of digitalis.

BRIEF MENTION.

Be a good business man as well as a good physician.

Hydroleine is the height of excellence in cod liver oil preparations.

Do your work as well as you can—and be kind.—Elbert Hubbard.

Sabalol spray is a useful preparation, as you will find if you give it a trial.

Milkine is an ideal food for children, especially during the warm summer months.

Passiflora incarnata, Daniel's, is an antispasmodic which is useful in many diseases.

Truth is the greatest trust in the world but the least monopolized.—Robert C. Auld.

Dr. Kellogg's funis rings are invaluable in obstetric practice. It will pay you to investigate their merits.

If you are interested in any way in the treatment of drug habits, write to the Dr. Koonse Co., LaFayette, Ind.

Lanikol is an efficient dermal remedy. Send for a sample and be convinced of its wide range of usefulness.

For the over-worked doctor nothing surpasses a few weeks at the Alma Sanitarium, which has all the pleasures of an elegant summer hotel and all the benefits of a sanitarium. Special rates are given to physicians.

The American Medical Agency, St. Louis, has a large number of desirable openings for physicians looking for locations.

Dr. Geo. Dobbins, who has been totally blind for eighteen years, recently graduated from a Chicago medical college.

In the treatment of acne, acneine gives good results. Get a sample and see what an elegant and useful preparation it is.

If you are interested in tape worms, write Dr. W. H. Gray, Michigan City, Ind. He gives positive proof of the efficiency of his remedy.

Formaldehyde inhalations are very useful in pertussis. Solidified formaldehyde can be placed in an inhaler and used with pleasing results.

The maltzyme compounds are all very efficient. If you are not using them, better send today to the Malt-Diastase Co. and get a supply of samples.

The H. M. Merrell Co. makes a full line of pharmaceuticals which are reliable, and will sell to you at reasonable prices and give you the best of goods.

Campho-phenique has antiseptic and analgesic properties which make it of use every day. We use it, with great satisfaction, in both the liquid and powdered form.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

BRIEF COMMENTS.

Referring to a number of articles in the May "Rundschau," allow me to make the following remarks to the Recorder:

On Tuberculosis: The reading of German, French and English literature, converted into personal experience, is after all of little use in this deadly disease in effecting a cure. To take one or two antidotic medicines per os is well enough. The best of them will spoil digestion. In my experience I have found that electro magnetic cataphoresis of medicines to the spot is the only real thing especially in severe cases but a physician has to have a first class electro-magnetic machine. Out of the many medicaments, I have found three or four to do good work.

On the Treatment of Fractures, I should advise a common sense setting of the fracture, proper splinting and proper weight to the extending part. For the rapid and certain knitting and healing I should use a careful electric current of a good faradic machine, morning and evening without disturbing the bandage to keep up the circulation of blood, and assist the nerves. I have experienced a great healing benefit in this kind of treatment, mainly in older persons.

Eczema: Use proper medicine on proper electric sponge of a suitable battery and you will cure quickly.

Typhoid: Put a cloth saturated with the proper aromatic antidote over the abdomen, putting a metallic sieve like web or if handy an aluminun foil 12" x 12" or 14" over the same, use your electric machine and by common sense treatment you will see a recovery because the powerful blue light current creates no pain, although it will glow a four to six inch Geirler tube. It will allay inflammation, kill the parasites, cause the peristaltic motion of the bowels and if properly handled a fall of temperature.

Remark on Dr. Willcomb: Would say, I have read his essays and found the common sense electrician from first to last but the Doctor's May number shows the master, the man who thoroughly knows what he is speaking about. The greatest truths although not acknowledged by many physicians are recorded on page 131 and first half column on page 132. Electricity is fully as much of an earnest study as special therapeutics and more so considering cataphoresis as the very best means to convey medicines to the very focus where needed.

F. A. Beckel, M. D.
Sheboygan, Wis.

PHTHISIS PULMONALIS.

CASE REPORT.

Young woman, married, no children age 29; phthisis pulmonalis, treated for over three years, not much benefited. Was called to see her and found her in a very delicate condition, emaciated to almost a skeleton, could not raise herself in bed, nor turn over, was absolutely helpless. She was not expected to live from one day to the other. She rejected foods excepting a teaspoonful of hot milk occasionally and cold in like quantity frequently. Her temperature was almost stationary at 101½ for weeks.

Treatment. A thorough sponging of the whole body with hot water with sod. bicarb. and cayenne pepper in it, after which managed to get her to take

a half pint of hot ginger tea with German chamomile in it. The following was then prescribed:

℞ Emetine gr. 1-67.
Codeine gr. 1-6 aa. Granules No. ij.
Aconitine gr. 1-250 Granules No. iv.
Strychnine gr. 1-32.
Berberine gr. 1-6 aa. Granules No. vj.
(Abbott's Granules.)
Trophonine (Reed & Carnrick) ℥ iv.
M et. ft. Sol. Dose, teaspoonful every four hours. Also,

℞ Predigested Beef (Mulford.)
Ext. Malt (Schlitz) aa. ℥ viii.
Tablespoonful every two or three hours.

There was a decided change for the better in three days, and now after thirty-three days treatment the patient has so far improved, that complete cure seems assured. For the last ten days, have added iron to the beef and malt preparation, while the baths have been continued twice a week. Instead of the window shade being down and so excluding the air and sunshine I had it removed and window raised ¼ inch at first, to an inch at present, day and night with patient's head near the window. I had no hopes for this patient and am astonished at the constant improvement from the start. I consider predigested beef and malt extract one of the best nutrients I have ever met with. Have had occasion to use it myself in building up after a severe attack of the la grippe.

Dr. William B. Mann.
1570 Asbury Ave., Evanston, Ill.

THE MEDICAL TREATMENT OF DIABETES MELLITUS.

While the members of the profession are quite agreed as to the dietetic and hygienic treatment of this condition there is considerable diversity of opinion when it comes to selecting a drug. In the present state of our knowledge of the etiology of this disease we are compelled to treat it entirely from the standpoint of empirical therapeutics, and hence the various drugs that have been given at one time or another are all given with a view of eliminating the glucose from the urine. Opium is probably one of the best known remedies, its alkaloid codeine being largely used. The constipating effect of opium or its akaloids and the frequent recurrence of the glycosuria after discontinuing its administration have shaken the faith of many members of the profession in its efficacy. Ergot has been occasionally used with slight benefit. Probably the best results have been obtained from the arsenic preparations, Fowlers' solution being the form largely used. Clemens has used the bromide of arsenic with excellent results but the great objection to this drug is its extremely irritant effect on the stomach. In selecting an arsenic preparation we should select some preparation of which there will be great physiological tolerance with the least possibility of toxic effect. I have found that the preparation arsenauro, which is a solution of bromide of gold and arsenic, meets these demands and gives very gratifying results. Cases with a syphilitic history often do well on mercauro, a solution of bromide of gold, arsenic and mercury. The following cases were treated successfully with arsenauro or mercauro and will be of interest:

Case I. Male, age 50, family history negative. For the past few months patient has had marked thirst, has passed largely increased quantity of urine and has become markedly emaciated. His urine shows 4 per cent. of glucose, specific gravity 1.034 and the average quantity in 24 hours 110 oz. He was placed on arsenauro 5 drops three times a day with the usual diabetic diet. The dosage was gradu-

ally increased to 25 drops three times a day and he was kept on this dose for two months. After three weeks' treatment, weekly examinations of the urine showed a marked decrease in quantity of urine and per cent. of glucose present. At the end of two months' treatment the quantity of urine passed was normal, glucose was entirely absent, the patient has gained in weight and is able to follow his occupation. He has been allowed an ordinary diet but as a precautionary measure the arsenauro is being continued for another month.

CASE II. Male, age 45, by occupation a mechanic, when a young man he had syphilis. He presented the usual diabetic symptoms, the urine, showing 5 per cent. of glucose, quantity in 24 hours, 120 ounces, specific gravity 1.032, no albumen present. He was placed on arsenauro, and the dose was run up to the point of physiological tolerance, in this case being 30 drops three times a day. After a months' treatment the patient showed a slight improvement in the urinary symptoms but began to develop slight symptoms of a bulbar palsy. In view of the syphilitic history of this case I now made a diagnosis of a gumma in the region of the fourth ventricle. Having thus determined the possible etiological factor of the diabetes in this case I now substituted mercauro for the arsenauro on the grounds of rational therapy. The mercauro was gradually pushed to the point of tolerance. After six weeks treatment the improvement was marked the urine showed 1 per cent. of glucose, amount in 24 hours was reduced to 80 ounces, specific gravity 1.028, the bulbar symptoms still persisted to a slight extent. The treatment was continued, the symptoms of bulbar palsy growing gradually less marked and at the end of three months treatment were entirely absent, the urine showed no trace of glucose, the specific gravity 1.020, quantity passed in 24 hours 60 ounces. The mercauro was continued for another month and all treatment then discontinued.

LOUIS W. BISHOP, B. A., M. D.
773 Union St., Brooklyn, N. Y.

ELECTRICITY.

WHY IS IT CALLED A HUMBUG BY SO MANY PHYSICIANS?

One. On account of the utter ignorance of the pretenders, who, in their darkness, go so far as to boast with their ignorance.

Two. To prove their ignorance, they buy and advise to buy utterly worthless so-called electric machines.

Three. The hungry grab of the machine makers—producing worthless trash to sell to the ignorant doctors, gulling them with polished quarter sawed box, nickle plated ornaments, etc.

How is this status quo to be mended?

By reading Dr. Willcomb's essay in the May Recorder; by being aroused to a deep study of electricity, which undoubtedly will lead to the understanding of the best therapeutic factor we have—the real great Antikamnia—the healer of hundreds of ailments where medicine would be non compus.

F. A. BECKEL, M. D.
Sheboygan, Wis.

AUTOMATIC SAFETY-VALVE STOPPER.

A DEVICE PREVENTING THE BURSTING OF PEROXIDE OF HYDROGEN BOTTLES.

The great tronble with peroxide preparations is that if the containers are tightly corked, the oxygen which separates and is set free, slowly but constantly as time passes, accumulates, until the bottles can no longer stand the pressure and burst, or the corks are driven out. Of the two alternatives, the bursting of the bottles is the most objectionable fea-

ture on account of the danger attached to it.

Containers of the hydrogen peroxide, U. S. P., which is a comparatively weak solution of H_2O_2, yielding but 10 volumes of oxygen, may be closed with a wooden stopper, which, by the porous nature of the material, permits

Cut No. 1. Illustrates the cross section of the safety valve rubber cork, showing the wooden top and the puncture at the bottom. A thin strip of paraffined paper is inserted into the puncture.

the escape of the gas almost as soon as it is set free, thus avoiding explosion and rupture of the bottles or the driving out of the corks.

While these wooden stoppers answer very well for solutions of H_2O_2 responding to 10 volumes of oxygen or less, with stronger solutions, such, for instance, as Marchand's peroxide of hydrogen medicinal (15 volumes,) or his hydrozone (30 volumes of oxygen) they are quickly attacked by the solutions, as are also the ordinary corks, and within four months are completely oxidized, not merely bleached, but rendered so soft that they cut like pot cheese. From that time the goods are unfit for sale.

In order to prevent these difficnlties and especially to obviate the bursting of the bottles containing hydrozone, Mr. Marchand, the manufacturer of that article and other well-known brands of peroxide of hydrogen, has devised an ingenious stopper which he calls the "automatic safety-valve rubber cork," and which is shown in the illustration.

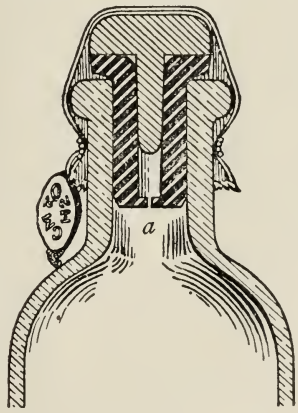
The material of the stopper is vulcanized rubber. The beveled end is punctured through in such a manner that when the pressure in the bottle rises from 5 to 8 pounds to the square inch (according to the thickness of the the rubber at the bottom, which may vary slightly,) the excess of free oxygen finds free egress and thus relieves the tension.

This device is first inserted, and a plug of porous wood is then driven in, thus stiffening the rubber and completing the operation of "corking."

The capping consists of vegetable parchment covered with paraffined muslin, no wiring being used or needed.

It is easily seen that this style of closing the bottle obviates the possibility of bursting. Assuming even, that through some imperfection of the stopper, the puncture should close; as soon as the pressure rises to a point far within that required for rupture of the bottle, the stopper, not being wired down, will yield and be forced out.

Retail druggists who have for so many years been the chief sufferers

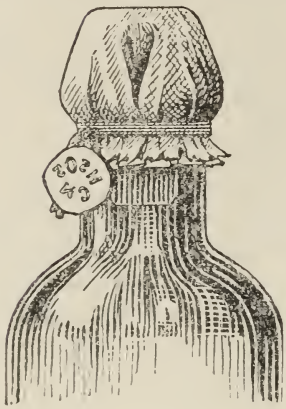


(*a*) Puncture.

Cut No. 2. Illustrates the cross section of a bottle corked and capped with vegetable parchment and paraffined muslin: no wire.

and losers from the bursting of the peroxide containers, and the deterioration of the substance otherwise from the causes indicated above, will welcome Mr. Marchand's invention as a happy solution of what has to them

been a very serious problem in the past, since it will enable them to sup-



Cut No. 3. Illustrates the top of the bottle with the seal.

ply their trade with the higher solutions of hydrogen peroxide, and especially that preparation of Marchand's, for which the stopper was particularly designed, "hydrozone," which carries 30 volumes of oxygen.

The device described above—the automatic safety-valve stopper—having entirely obviated the danger arising from the explosion of bottles in handling, there is certain to be a largely increased demand for Marchand's concentrated solutions of the peroxide of hydrogen (which alone will be corked with the patented stopper,) since physicians anxious to obtain quick results will never prescribe anything but the most active solutions, or those richest in active oxygen, and since druggists will be protected absolutely against loss by deterioration or explosion. The medical profession is being thoroughly advised of Mr. Marchand's new method of closing his bottles of "peroxide of hydrogen medicinal" and "hydrozone," and will be certain to avail themselves of the advantages thus guaranteed them.—April, 1901, issue of National Druggist of St. Louis.

NOTE.—Remember there is no popping when corks are removed.

FANGOTHERAPY.

Dr. W. C. Hollopeter, of Philadelphia, writes entertainingly on this subject in the Medical Bulletin. Among other things he says:

Fango is the Italian word for slime, or mud. It is found in large quantites around Battaglia,—an old, renowned watering place,—which, besides the volcanic slime, possesses also a large number of hot springs. The virtues of the slime and springs are locally historic and were apparently known to the ancients. The fango is obtained from a small lake in a beautiful park near Battaglia. These lakes are fed by hot springs issuing from a huge mountain rock (St. Elena). Fango is a grayish-brown material, smooth as putty, with no distinctive odor. It is free from stones, roots, or particles of wood, and feels as soft as velvet to the skin. Chemical analysis shows that it is rich in iron, argillaceous herbs, magnesia, lime and alkalies united to phosphates, sulphuric acid, and carbonic-acid gas. This volcanic slime does not undergo deterioration by removal from its birthplace, nor does it apparently lose any of its healing powers. Hence it can be exported in barrels, casks, or tin boxes. Its chemical and physical qualities undergo no alteration. In Italy nearly all chronic diseases are treated with mud or moor baths, but certainly in serious cardiac or renal diseases the hot-mud bath should be used with great caution.

Fango is especially useful in the following affections: Diseases of the muscular system; subacute or chronic articular rheumatism; rheumatoid arthritis; chronic gout; traumatic or chronic exudates; localized neuralgias of all kinds, especially of traumatic and rheumatic origin; peripheral neuritis; syphilitic neuritis; paralyses; sciatica, and neurasthenia.

SOCIETY ECHOES.

AMERICAN MEDICAL ASSOCIATION.

The fifty-second annual session, under the presidency of Dr. C. A. L. Reed, of Cincinnati, was held at St. Paul, Minn., June 4–7. Dr. N. S. Davis, Jr., of Chicago, gave the annual address on medicine, his subject being "Internal Medicine in the Nineteenth Century." Dr. John A. Wyeth delivered the oration on surgery and spoke on "The Value of Clinical Microscopy, Bacteriology and Chemistry in Surgical Practice." The oration on state medicine was delivered by Dr. George M. Kober, of Washington, D. C., on "The Progress and Tendency of Hygiene and Sanitary Science in the Nineteenth Century." The most lively discussions of the meeting were on the proposed re-organization of the society, the army canteen and the revision of the code of ethics; action on the last matter was postponed one year.

Great interest was manifested in the announcement that John D. Rockefeller had given the society $200,000 to start the Rockefeller Institute of Medical Research, to be located in New York. The purpose of the Institute is to furnish facilities for original investigation, especially in such problems in medicine and surgery as have a practical bearing upon the prevention and treatment of disease. This Institute will result in original research that will benefit mankind and honor the American medical profession.

The following officers were elected: President—John A. Wyeth, New York. First Vice President—Alonzo Garcelon, Maine. Second Vice President—A. J. Stone, St. Paul. Third Vice President—A. F. Jones, Nebraska. Fourth Vice President—John R. Dibrell, Arkansas. Treasurer—Henry P. Newman, Illinois. Secretary—George H. Simmons, Illinois. Librarian—George W. Webster, Illinois. Board of Trustees, terms to expire in 1901—W. W. Grant, Colorado; John F. Fulton, Minnesota; T. J. Happell, Tennessee. Judicial Council—George Cook, New Hamphire; H. H. Grant, Kentucky; John B. Murphy, Illinois; Philip Marvel, New Jersey; Louis H. Taylor, Pennsylvania; John Dawson, South Carolina, and N. Fred Essig, Washington. The following were selected to prepare the orations next year: On surgery. Henry Sherman, California; medicine, Frank Billings, Illinois; state medicine, J. M. Emmert, Iowa.

The next meeting will be at Saratoga Springs, N. Y.

AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.

The fifty-seventh annual meeting of this society was held in Milwaukee, June 11–14, with Dr. P. M. Wise, of New York, as president. The following officers were elected: Dr. R. J. Preston, of Marion, Va., president; Dr. G, Adler Blumer, of Rhode Island, vice president, and Dr. C. B. Burr, of Flint, Mich., secretary and treasurer. Auditors: Drs. W. M. Edwards, of Michigan, and W. H. Beemer, of Ontario. Councilors; Drs. J. B. Chapin, H. M. Hurd, P. L. Murphy and E. C. Runge. The next convention will be held in Montreal.

INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS.

The annual meeting of this society was held in Milwaukee, June 12–13. Officers were elected as follows: President, R. Goode, Mobile, Ala.; vice presidents, Surgeons J. A. Barr, McKees Rocks, Pa.; Walter M. English, London, Ont.; Lester Keller, Ironton; Bacon Sanders, Fort Worth, Tex.; S. R. Miller, Knoxville, Tenn.; Benjamin Thompson, Tama, Ia., and A. L. Peterson, Parker, S. D., secretary; L.

J. Mitchell, Chicago; treasurer, James A. Duncan, Toledo, O.; new members of executive committee, C. R. Dickson, Toronto, Ont.; L. Warsham, Evansville, Ind., and J. N. D. Thinkle, Friars Point, Miss.

ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES.

The annual meeting of the association was held in St. Paul, May 30, to June 1, with Dr. A. J. Stone in the president's chair. Many papers of technical value were presented. The by-laws were amended so as to admit ex-confederates to membership.

The officers for next year are: President, Lieut. Col. John Van Rensselaer Hoff, medical department United States Army; first vice-president, Brig., Gen, R. A. Blood; second vice-president, Surg. Gen. Walter Wyman, United States Marine-Hospital service; secretary, Major Jas. E. Pilcher; treasurer, Lieut. H. A. Arnold.

AMERICAN ACADEMY OF MEDICINE.

The annual meeting of this society was held at St. Paul, June 1-2. Officers were elected as follows:

President, V. C. Vaughan, Ann Arbor, Mich.; first vice-president, J. L. Taylor, Wheelenberg, Ohio; second vice-president, W. N. Dorland, Philadelphia; third vice-president, H. P. Ritchie, St. Paul; fourth vice-president H. Burt Ellis, Los Angeles; secretary, Charles McIntyre, Easton, Pa.; assistant secretary, A. R. Craig, Columbus Pennsylvania.

THE WISCONSIN SOCIETIES.

All the Wisconsin state medical societies meet this year at Waukesha, June 26-28. Indications are that this year will see the greatest meeting of medical men ever held in the state. The State Medical Society of Wisconsin, the Wisconsin State Homeopathic Medical Society and the Wisconsin State Eclectic Medical Society will each hold their regular annual meetings and a joint meeting of the societies will be held Wednesday evening to consider matters of general interest. The social features of the meetings will be unusually attractive this year.

ROENTGEN SOCIETY.

The second regular sesson of the Roentgen Society of the United States will take place in Buffalo, N. Y., September 10–11, at the University of Buffalo. There will be a large attendance on account of the Pan-American Exposition, and "excursion rates," which insures the presence of many members of the profession. The president of the society is Dr. H. Robarts, of St. Louis, and secretary, Dr. J. Rudis-Jicinsky, of Cedar Rapids, Iowa.

AMERICAN ASSOCIATION OF LIFE INSURANCE EXAMINING SURGEONS.

The annual session of the society was held at St. Paul June 3. The president, Dr. T. J. McGowan, spoke on questions of importance to the examiner. Officers for the next year are: President, J. H. Stowell, Chicago; vice president, J. H. Reed, Battle Creek, Mich.; second vice president, Talbot Jones, St. Paul; third vice president, B. F. DeGarme, New York City; fourth vice president, George Halley, Kansas City; secretary and treasurer, Dr. Conay, Kansas.

AMERICAN MEDICAL EDITORS SOCIETY.

The American medical editors held their convention at St. Paul, June 3. Papers read were: "Relative Value of Medical Advertising," Dr. John Punton, Kansas City; "Improvements in Medical Education," Dr. Dudley S. Reynolds, Louisville; "Some Thoughts on the Ethics of Medical Journalism," Dr. Burnside Foster, St. Paul; "A Journalistic Review of the Year," Dr. Charles Wood Fassett, St. Joseph, Mo.; "Relation of the Medical Editor to Original Articles," Dr. Harold Moyer, Chicago. Also an address by the president, Dr. Alex J. Stone, St. Paul.

The Wisconsin Medical Recorder.

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LEADING ORIGINAL ARTICLES.

PRIMARY PERINEORRHAPHY.

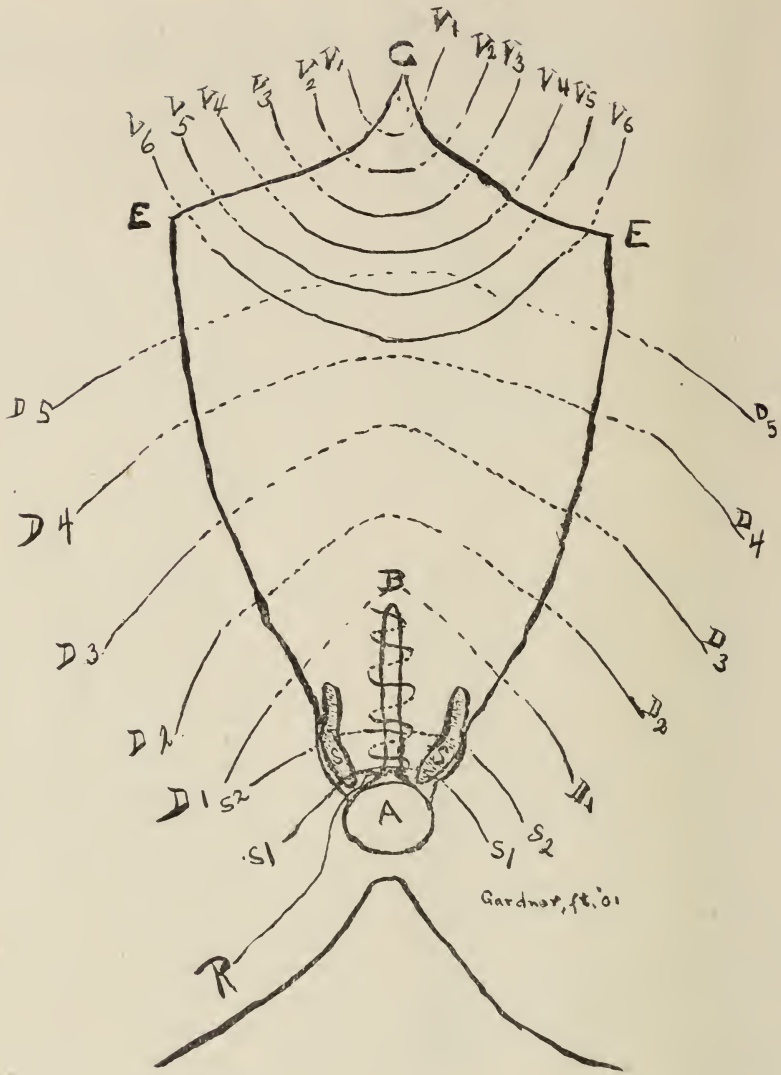
By Fletcher Gardner, M. D., Bloomington, Indiana.

Probably no gynecological operation is so frequently required as perineorrhaphy unless it be curettement. As a rule, however, the primary operation and its technique are slurred over in the text books as though it were a perfectly simple, obvious procedure. The haziness with which the subject is often taught is probably in large part responsible for the very frequent operative failures which are met with in actual practice. Necessarily most of these operations are and should be done by the general practitioner, and yet most of the men in general practice to whom I have talked about the subject, are disbelievers in it as a practical procedure, many of them stating that they had never had a successful case.

While my own series of cases is not large, including only thirteen cases, it is probaby as large as any one would be able to accumulate in ten years who endeavors conscientiously to save every perineum, and who does not have an unusual number of forceps cases. Out of the thirteen cases mentioned above I have secured eleven perfect and two partial results, a percentage of 84.7. The technique which follows, differs in some respects from that usually given, and follows the secondary operation as usually described pretty closely.

There are a number of things to be remembered in this operation. Probably the most important anatomical points are, in the order mentioned, the sphincter ani and rectal walls, the transversus perinei, the levator ani, and the vaginal wall. Any method of passing sutures which is to secure all these structures must take them all into account. One method which I have seen employed and described, but have never used personally, passes the deep sutures from the vaginal mucous membrane, encircles the rent, and emerges at a corresponding point on the other side. The stitches are put in and tied from above downward. Of course where the rectum is involved that is first repaired. I do not like this method, although it is well recommended, for the reason that it does not seem so well adapted to the proper union of the portion of the perineum which is drawn upon by the transversus perinei muscles The operation which I prefer is quite simple and easy of performance and is usually productive of good results.

A reference to the accompanying figure will make it plain. In complete



EXPLANATION OF FIGURE.

A represents the anus. S-S the torn ends of the sphincter. A-B is the torn recto-vaginal septum. E A E is the torn skin surface gaping widely. E C E is the tear in the vaginal mucous membrane, also gaping. R is the running silk suture in the recto vaginal septum. S1-S1 and S2-S2 are special silk worm gut sutures in the sphincter ani. V1-V1 to V6-V6 inclusive, are superficial sutures in the vaginal mucous membrane. D1-D1 to D5-D5 inclusive, are the deep sutures of silk worm gut.

ruptures four sets of sutures are used. The first is a running (or interrupted) suture R of fine silk beginning at the highest point of the rectal tear and extending to the anus. It should include ⅛ inch of breadth and thickness of the rectal wall and should be tied immediately and carefully to prevent leakage.

The second set marked S1 and S2 is designed to include the sphincter and coaptate its torn edges and nothing else. These sutures should include ¼ inch of skin surface as shown in the cut, and are tied at once.

The third set is marked D1 to 5 inclusive and are inserted into the skin and emerge on the opposite side about ¼ inch from the edge. They are represented as completely buried, but usually a small part of each one is visible in the depths of the wound. They are inserted in the order given but are not tied until after the fourth set. The second and third set, are silk-worm gut of medium size.

The fourth set V1 to 6 is very important and I believe its omission to be the most frequent cause of failure, lochia and the other fluids thereby being allowed to enter the wound. It is represented as interrupted, but may be continuous. Its purpose is to unite the vaginal mucous membrane and is of fine silk or chromicized catgut. These sutures are introduced and tied as numbered, from above downward. As they must be "water proof," careful approximation is necessary. Any other vaginal tears should receive careful attention at the same time, both as a means of preventing infection and to forestall a possible rectocele.

Having repaired the vaginal mucous membrane, the deep sutures are tied from below upward as shown. Some experience is necessary to know exactly how tight to make these sutures, but the general direction would be to tie firmly but not so tightly as to cause the stitches to cut into the surface.

Silver wire may be used or chromicised gut, but silk worm gut is the preferable material I think and should be found in every obstetrical bag. Twenty minutes boiling will make it sterile without materially injuring its strength.

The operation being complete a gauze dressing thickly dusted with boric acid is applied.

The time of operation is immaterial. I have done it up to four days after confinement with excellent results, and it is said that it may be done up to ten days or two weeks. After twenty-four hours the glazed or granulating surface must be removed before suturing.

If the mother is greatly fatigued or the light is bad, it should be deferred 'till conditions are favorable.

Some women stand the operation without an anesthetic but I prefer chloroform. Cocaine may be used. The operator can do better work if not embarrassed by the movements and cries of the patient.

A twisted sheet tied to the leg just below the knee, carried over one shoulder and across, under the other arm, and down to be tied to the other knee will enable one to obtain an excellent lithotomy position and exposure of the parts, if no other legholder can be obtained. The patient is best transferred to a table, but a bed can be made to do by slipping a board under the mattress to support the patient.

During convalescence the patient should lie on her side and a little forward in a kind of Sims position, thus allowing fluids to escape along the anterior and lateral walls of the vagina, instead of infiltrating the wound and stagnating around the cervix. The legs should not be tied together, as it does no good and is irksome to the patient.

The bowels should be moved on the third day by a saline and injection.

The point of the syringe should be sterile and kept carefully away from the stitches.

A catheter is not often necessary and the patient should pass her urine lying on her face if she can. In any case the stitches should be carefully dried and repowdered with boric acid.

The diet should be as digestible as possible, and should contain little residual meat matter.

The stitches should remain eight to ten days and should not be removed sooner unless cutting badly. The patient should remain in bed two full weeks. Douches are usually unnecessary and in any but skilled hands harmful. Every detail of asepsis should be followed.

If the plan detailed above is carefully followed by obstetricians everywhere, secondary operations for laceration will become rare and much unnecessary suffering be avoided.

SEVERE BURN.

A CLINICAL LECTURE.

By Harvey J. Chadwick, M. D. 1002 Fifth Ave., Grand Rapids, Mich.

I wish to call your attention to this case owing first to the extent of surface burned over—second the variety of treatment and third the happy final results.

This boy, the only child of his family, was playing with a composition largely composed of phosphorus. He put a piece of the composition in his pocket, and went out to play. All at once a neighboring woman saw his clothing on fire. He was placed under a stream of water from a hydrant, the flames were extinguished and his remaining clothing removed.

If you draw a line extending from the right superior spine of the ilium, across the upper edge of the pubes, around the crest of the left ilium to the sacrum, and include all the surface of the left limb to ten inches below the knee; you will have the extent of integument burned, so that the skin looked like a piece of white, smooth tanned, sheepskin.

The limb was dressed with absorbent cotton saturated in a 1 to 200 solution of creolin, loosely fastened with a roller, and the parts directed to be kept moist with the same solution; the dressings were changed once in two or three days. In about sixty days the burned integument sloughed off, leaving a healthy granulating surface. On this I made about fifty skin grafts near the edges of healthy skin; they grew nicely, and we got along so well the burned surface growing smaller by the extension of healthy skin from the edges, and from around the grafts, that I had high hopes of soon covering the denuded surface.

This was at the end of nearly four months. It was Thanksgiving, and the family was so elated over the fact that the boy lived and that there was good prospect of a fair recovery of the usefulness of the limb, and the fact that the child complained so bitterly every time the limb was washed they yielded to the child's pleadings, and did not dress the limb as it should have been done for about one week. Many of the grafts that had been doing well, after this came off and we were unable to make any more grow; small blisters developed all over the limb. The nutrition of the child was greatly impaired and a slow fever followed. I put him on two grains of quinine every four hours and one drop of hydrochloric acid in solution at same intervals; began washing the limb with bichloride solution and covering it with iodoform gauze spread with vaseline. Under this treatment the burned surface became healthy but grafts would no longer grow.

I then continued for three or four months to wash it every day with compound tincture iodine solution, till this seemed to disagree, then changed to bichloride. The skin from the edges gradually encroached on the field of the burn, till it seemed it would be covered with a skin resembling a dried fish bladder.

The child was taken down to his father's working place in a big store, to give him a change, and this over exertion and the anxiety of the nurse to have him use the limb by having him stand too long with the limb hanging down brought on a congestion which was too much for the capillaries and venules to stand; the limb turned nearly black, and became very much shrunken, I thought an irrepairable gangrene had begun, and that amputation would be the only alternative, I waited—we persevered in the washes and iodoform dre sings; the limb gradually ragained its normal color but the leg became more and more flexed on the thigh by the contractions of the flexor muscles till it was at right angle—"then was the winter of our discontent."

A surgeon was called, others were written to, one advised immediate operation for straightening the limb, others advised waiting till the limb was covered with skin and then by a series of plastic operations straighten it. We continued still further the washes and allowed him to walk with a cane and crutch, when necessary, but to get along without any artificial support as much as possible. He soon was able to mount his bicycle and the movement of the joint on the wheel aided materially in bringing the leg to its normal position which is now after three years about as good as the sound one, and it is hard to detect any lameness at all; the surface of the burn was completely covered about one year ago. Towards the last we used in connection with the gauze dressing protonuclein which I believe hastened the healing process.

The interest in the case seems to me to be a delicate neurotic child, one fourth the body burned over, so that the true skin all sloughed off including the prepuce back of the gland, contractions of the muscles of flexion so that the leg was at right angle with the thigh and without any appliance or surgical procedure a complete restoration of the usfulness of the limb.

NOTES FROM EXPERIENCE.

By C.E. Boynton, B. S., M. D., Sandy, Utah.

The items "Gathered from Many Sources" in May Recorder are what the busy practitioner is after. Will you kindly accept a few from your humble servant?

A banana is a dangerous article of diet for a sick child.

If teeth decay rapidly prescribe calcium hypophosphite.

He who abstains from coffee will better enjoy his food.

Epilepsy can be successfully treated without the bromides.

The best practice of the country doctor is his obstetric practice.

Give the baby massage, exercise, light clothing and a rockerless crib.

Tobacco tends to degrade the tastes, appetites and ambitions of the user.

Never teach a patient how to use a catheter or a hypodermic upon himself.

If you use acetanilid compound tablets have them flavored with wintergreen.

A nursing baby should be given plenty of water to drink from the hour of birth.

"Chloroform in confinement tends to make the mother a coward," so says Mrs. B— who has been the mother of three babies all weighing over

13 pounds. She by the way has scorned thus to retreat into the abyss of intoxication.

To a gun shot wound of dirty salt, I applied H_2O_2 and the dirt came out in the foam.

Always note the condition of a patient's teeth and prescribe dental treatment when necessary.

To a small laceration you may apply ichthyol pure with the best result; ditto to a burn or erysipelas.

Load an infant syringe with warm glycerine and give per rectum for fever, this is a good beginning.

Say nothing to encourage, but every thing to discourage the use of a "Family Doctor Book."

Don't be above prescribing for a sick animal if called upon where a veterinary is not at hand.

See that your typhoid patients get plenty of water to drink; urge them to drink if they are indifferent.

If a man calls you "Doc" and tries to be familiar, be polite and cool to him and avoid all "mixing up."

It is well to remark to your patients at times that drugs unwisely handled are more dangerous than disease.

With dosimetric trinity, veratrine, saline laxative, calomel and quinine inunctions we may abort pneumonia.

I once knew a prominent M. D. to advise a mother to give her baby paregoric. Was he guilty of ignorance or carelessness?

If the man who wants you "real bad" pays promptly and is not a kicker, put in your best licks to serve him and charge accordingly.

For afterpains and other pains also, a cloth in a bottle and ʒj of amyl nitrite upon the same, to be smelled occasionally is all right.

Do not spoil your horse to get to an emergency call a minute sooner. Dr. S— did this on his way, seven miles to a case of carbolic acid poisoning. A seven dollar collection came hard; the damage to horse flesh was one hundred dollars.

I once heard of an M. D. so low and contemptible that he would prescribe whiskey in order to obtain a saloon-keepers good will.

Fresh raw eggs laid by well kept hens may be swallowed at the rate of from three to twelve per day when the appetite is nil or vitality below par.

When leaving a case of labor it is a good plan to elevate the foot of the bed a few inches; post partum hemorrhage is less likely to set in if this is done.

For infantile convulsions administer an enema of soap suds high up into the bowels and give a good dose of calomel and soda; this is a good beginning.

If the mother is deeply concerned never make a prognosis too hopeful if the baby is ailing. A mothers intuition may see beyond all our skill and science.

For shock give hypodermically Mulfords' cardiac tonic No. 2, namely, digitalin 1-100 gr., glonoin 1-100 gr. strychnine 1-20 gr. atropin sulph 1-250 gr.

Warm milk fresh from the cow is absorbed into the blood directly it is said, and its value in typhoid and other wasting diseases would seem to prove this fact.

Alcohol is useful as a solvent and to cut the foam of a mixture or solution but as a medicine in this day of advanced therapy it is superfluous as well as dangerous.

For intestinal obstruction with vomiting, pump into him all the warm cotton seed oil he will hold. Give calomel 10 grains and some saline in capsules; head downward.

If after delivery the patient perspires too freely, give a saline and

Buckley's uterine tonic and wash out the womb with the douche curette inserting a glycerine tampon.

Keep the names of your medicines to yourself when prescribing; disguise drugs like salts, quinine, castor oil, etc. and the treatment will be more satisfactory and the doctor more respected.

When a patient is running up a big bill and prospects for recovery are poor, you are then in luck if another M. D. is called to assume the responsibility; after the fatal issue hand in your bill and stay with it.

Gonorrhoea may be safely treated with rest in bed, light diet, abundant water to drink, potassium acetate to render urine bland, cannabis indica for priapism and chordee, and oil of sandal wood, without injections.

Remember that the average laymen does not comprehend or remember the value to himself of a medical service and often times if he is made to pay well for what he gets he will follow directions more exactly and have greater confidence in his medical adviser.

IRRITATION OF THE MUCOUS MEMBRANE; AN IMPORTANT FACTOR IN TREATMENT.

By W. H Ambrose, M. D., Cincinnati, Ohio.

Among the factors which must be carefully considered in the treatment of inflammations of the mucous membrane the sensory element is deserving of more than ordinary attention. It can be readily understood that in an engorged and congested mucous membrane the nerve functions of the part are seriously disturbed, as manifested by the intense irritation. The chief demand of a person suffering with acute affections of the mucous membranes is for some drug which will allay the hyperesthesia, and thereby afford relief from the disagreeable irritation. Every sedative remedy will not subserve this purpose. For instance, in acute bronchitis or laryngitis, to select a remedy it is very important that it should not interfere with cough, since this is one of nature's methods of removing the products of inflammatory action and of preventing their accumulation in the air-passages. Such coughs are salutary. On the other hand, other forms of coughs are simply an expression of the intense irritation of the mucous membrane, and while exhausting the patient have no beneficial influence.

If we pass in review the remedies that have been suggested up to recent time for the relief of irritation of the respiratory mucous membrane, there remains only one class, the opium group, upon which the physician can place his reliance. Unfortunately there are so many disadvantages connected with the use of this class of agents that the practitioner is compelled to refrain from their use when they are most urgently demanded. Many persons have an idiosyncrasy toward opium and morphine; in others it locks up the secretions, a condition of toxemia. In still others it causes unpleasant mental disturbances or gastric irritation. It was therefore with more than ordinary interest that I read the earlier reports on heroin, which showed that this drug combines the reliable sedative effects of morphine with freedom from its objectionable features. My experience based upon its continuous use in my practice for some time has but increased my appreciation of its many valuable properties, and it has come to gradually replace morphine in many cases in which the former was commonly employed.

Heroin or rather heroin hydrochloride, which I have learned to prefer to heroin on account of its easy solubility, is the most agreeable and efficient

agent at our command to subdue the hyperesthesia of the respiratory mucous membrane. This, however, does not conclude the limit of its therapeutic usefulness. Its special action upon the respiratory apparatus alone would entitle it to a leading position among the class of remedies to which it belongs. An agent like it which diminishes the frequency of respiration and increases its force finds a large field of appreciation in conditions of dyspnea, as in nervous asthma and difficulty of breathing in cases of emphysema, chronic bronchitis, and especially phthisis. If to this specific action we add its sedative influence upon the mucous membrane we must acknowledge its great advantage in the treatment of affections of the air passages.

The analgesic and hypnotic properties of heroin have been lately receiving attention, and from a report emenating from the Howard Hospital, of Philadelphia, it appears that it is destined to become a very valuable substitute for other analgesics. Drs. Brown and Tompkins who made these observations, which were published in the Therapeutic Gazette, found it of especial value in the relief of pains after gynecological operations. Others have been equally successful in its use in the treatment of neuralgias.

The few cases subjoined, selected from a considerable number, will serve simply to illustrate the diversity of the therapeutic indications that I have found for heroin in my practice. Like other physicians up to this time I have chiefly employed it in diseases of the pulmonary tract, but I am gradually substituting it in place of morphine as an analgesic.

Case I. Mr. H. had been suffering for some time from cough, dyspnea, and other symptoms of phthisis. Under the influence of heroin hydrochloride the difficulty of breathing and cough were relieved, while the drug also seemed to control the night-sweats. The disease, of course, was not checked in its progress, but the patient was rendered much more comfortable.

Case II. Mr. M. had been suffering for a long time from sciatica, the pain at some times being so great that he could not obtain rest and was reduced to a pitiable state. After the hypodermic injection of 1-8 grain of heroin hydrochloride he began to feel better, and in a short time dropped off to sleep, and on awakening found himself entirely relieved of the pain.

Case III. Mr. McC. had been troubled with an annoying irritable cough of some three weeks' duration. The symptoms were very obscure but the irritation undeniable. Under the iufluence of heroin hydrochloride, 1-12 grain four times a day, complete recovery ensued in about ten days.

Case IV. Mrs. M. presented the symptoms of an appendicular colic, and was suffering intensely at my first visit. After the administration of 1-8 grain of heroin hydrochloride subcutaneously the severe acute pain was greatly allayed. This patient made a complete recovery under the internal administration of magnesia sulphate, hot applications locally, and the administration of heroin hydrochloride in sufficient doses to control the pain.

Case V. Mrs. A. had suffered since puberty with dysmenorrhea. An examination was refused, so that I was unable to determine the exact cause, and was restricted to palliative methods of treatment. Heroin hydrochloride, however, afforded the desired relief of the pains.

Dr. Van Zandt in an excellent summary on the use of creosote says in the Medical Record: "The use of creosote or carbonate of creosote in the treatment of acute pulmonary inflammations is one of the greatest life-saving discoveries in the century just ended."

QUININE.

By H. Speier, M. D., Rochester, Minn.

From the time that man first became conscious of disease and desirous of combating it successfully, no doubt nearly coincident with the very beginnings of civilization, he has been searching for specific remedies, that is such as could be relied upon, always and under all circumstances, to relieve and cure a certain, definite symptom complex. The history of medicine is made up of an unending line of attempts and failures to find such specifics. To-day, even, the people in general have an unshaken faith in the existence of them and believe that physicians have secret and sure remedies for all diseases. Alas! we know too well, that we have not, that, indeed, the research of centuries has so far given us only two or three specifics, remedies that bear a definite curative relation to definite diseases. When to mercury and iodine against syphilis we add cinchona against malaria, the list is about exhausted. At the present day the crude drug, the cinchona bark, is but seldom used in medicine, the alkaloids, chiefly quinine, taking its place almost entirely. In a comparatively short time the drug has become indispensable. We owe its introduction to a lady, Countess Ana de Chinchon, wife of the Spanish viceroy of Peru who, herself successfully treated by it, brought it to Spain, about the year 1640 whence it became known to the rest of Europe. It was named after her, but by a strange fit of ingratitude, her name has become mutilated by omission of the h. The geographical distribution of the cinchona tree being rather limited, not more than a belt fifty by three hundred miles in the tropical section of South America, the cost of the drug and its derivative, quinine, has been quite high until very recent times. But some fifty years ago experiments were commenced with the artificial raising of the valuable plant in the islands of Ceylon, Java and India. The experiments proved very successful, so that at the present day the world obtains an ample supply of cinchona and its price has dropped in consequence. Many attempts have been made to produce quinine artficially and cheaply by chemical means. A French chemist claimed to have succeeded in making a compound absolutely indistinguishable from genuine quinine. But if the secret should ever be discovered, the medical profession will probably find the artificial to differ from genuine quinine as salicylic acid by synthesis differs from that made from the oil of wintergreen. Malarial diseases being spread over a large part of the United States quinine has grown to be a household necessity. The writer remembers seeing in the South bottles with the drug in bulk kept on washstands and considerable amounts taken by guess every morning as part of the regular daily toilet. The drug is so positive in its action that people resort to it constantly without explicit medical advice. As a result of the enormous consumption of quinine manufacturers and dealers have been tempted to make cheaper substitutes and adulterations, and it seems, indeed, as if much of the commercial quinine were impure. Many of the disagreeable symptoms which follow the taking of appreciable doses of quinine are caused by the admixture of impurities which should be removed in the process of manufacture. The question of purity of drugs is of the utmost importance to the physician. A recently introduced form of quinine, made by the Dad Chemical Co., and known as Pil. Quinine Dad, seems to meet all requirements. The general practitioner is seldom competent to make intricate chemical examinations nor in possession of the necessary apparatus, and

hence must rely on the work of the chemical specialist. A long line of these, men connected with the highest scientific institutions and teachers in different medical schools, testify that this preparation is free from all adulterations, contains the stated amount of quinine in great purity and responds to all the tests demanded by the U. S. pharmacopea and those of other countries. Clinically it has been used by many of the best physicians in all parts of the country and they unite in their testimony that this preparation of quinine produces the usual physiological effect, but is at the same time free from the unpleasant symptoms, known as cinchonism, which so frequently follow the administration of quinine. It is noted particularly in its favor that it is readily borne by the most irritable stomachs which have rejected the drug in other form. In addition the pills are distinguished by superior solubility; they can not be resurrected from the patient's stools. Many of the pills and tablets in the market have the undesirable quality of indestructibility, they can invariably be found again in the passages, if physicians would only take the trouble of looking for them. Perhaps, after all, their safest and best destination.

The chief sphere of usefulness of quinine, where it acts as a specific and has driven out of the field every rival, is an antimiasmatic and antiperiodic, not only as a curative, but also as a prophylactic. It is a protoplasmic poison, exerting its influence on the white corpuscles of the blood, checking their development and migratory movements and eventually resulting in their death. Binz, of Bonn, who gained fame through his researches on quinine, found it to exercise a restraining action on the growth and movements of protozoa and in large enough dose to destroy their life. The lowering of bodily temperature, he believes, is produced by means of a general interference of quinine with the oxidation processes of the body in almost every part of it.

Since the discovery of the plasmodium malariae as the true cause of all malarial disease the relation of quinine to this bacterium has been studied carefully and it has been found in weak solution to inhibit its growth and development, in larger doses to destroy it absolutely.

Quinine enters the circulation readily and is rapidly eliminated in the different secretions, chiefly the urine, in about six hours. Very little of it probably undergoes decomposition in the body, since it can be detected unchanged in the urine. A profound impression is made by quinine on the nervous system, a condition known as cinchonism. It consists of ringing noises in the ears, splitting headache, vertigo, amaurosis, sometimes even delirium. There is good reason to believe that this can be largely avoided by the use of a pure drug, (such as the one offered by the Dad Chemical Co.)

Quinine has been used and extolled for nearly every disease on the list. Aside from the undisguised intermittents it is of undoubted value in all ailments characterized by periodicity, orignally of malarial nature. Among them are neuralgias, chiefly the distressing supraorbital variety, certain septic fevers, formerly called hectic. In the treatment of chronic alcoholism quinine takes a prominent place and as a general tonic it is in daily use by physicians. Many have praised the oxytocic power of quinine, claiming it as a good and safe substitute for ergot to stimulate uterine contractions in labor. The writer has not been able, after repeated trials, to verify the claim and has long since discarded the drug for such purpose. In the ordinary infectious fevers quinine holds a doubtful place and in the treatment of typhoid fever it has been displaced almost entirely by other antipyretic drugs and methods.

PROLAPSE AND PROCIDENTIA OF THE UTERUS.

By Henry T. Byford, M. D., Chicago.

(Abstract of Paper Read before American Gynecolgical Society, May, 1901.)

The writer holds that the essential feature of prolapse is the want of supporting power of the pelvic connective tissue. To suture the uterus to the abdominal walls is to support the pelvic connective tissue by means of the uterus, and is wrong and inefficient. The best and most rational method is to draw up and attach the periuterine tissue and thus keep the uterus up by means of its natural supports. In addition to the ordinary operations for lacerations and relaxation at the vaginal outlet, the following method is proposed:

First, shorten the round ligaments intraperitoneally, making one large loop of each ligament, and then stitch the loop to the parietal peritoneum a little above, and internal to, the internal inguinal ring, which is plainly marked by the entrance of the ligament. The uterus is now held in a nearly normal position and the relationship of the other ligaments, as well as the effect of our work upon them and upon the position of the uterus can be guaged at every step.

Second, suture the infundubulo-pelvic edges of the broad ligaments forward to the parietal peritoneum, external to the internal inguinal rings, as high as they can be drawn without much resistance. Then suture any available relaxed part of the broad ligament forward over or beside the round ligament loops.

Third, put a suture through the base of each round ligament at its juncture with the uterus, and suture it to the peritoneum over and beside the bladder.

Fourth, examine the sacro-uterine ligaments. If the peritoneum corresponding to their location is not drawn up and made somewhat taut by the new position of the uterus, or if the cervix sags far forward toward the vaginal entrance, take a short fold or tuck in it and suture it to the broad ligament beside the cervix, and perhaps slightly to the edge of the cervix, getting as broad a peritoneal apposition as possible.

Fifth, search for the remains of the urachus at the lower end of the abdominal incision. Start a slit in the peritoneum an inch above the lower angle, and half an inch on either side, and extend them downward and outward to the bladder wall. Make a transverse incision on either side, uniting the upper end of the slits to the abdominal incision. Separate the peritoneum between these slits, including as much connective tissue as possible, from the underlying fascia, and there will be formed a partly divided flap of connective tissue and peritoneum with the urachus near the center. Fold or twist this loosely into a sort of cord and attach it to the rectus fascia at the edge of the incision, and high enough up to draw the bladder and anterior peritoneal wall well up. This suspends the bladder somewhat after the manner described by Dawson, (British Medical Journal, July, 1898.

The external sutures should catch hold of the newly formed vesical cord, or artificial urachus, and the lower one may even engage a few fibres of the vesical wall.

The treatment of infantile summer diarrhea is dietetic, hygienic and therapeutic. Food of all kinds should be withheld for some hours at first. Calomel or castor oil is first given, then the sulpho-carbolates should be given freely; if tenesuns or pain, codeine; if depression, strychnine.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS.

By M. A. Blanton, B. S., M. D., Baileyton, Tennessee.

(Fifth Paper.)

DYSENTERY.

Dysentery or bloody flux as it is sometimes called, is of very great interest at this time, owing to the fact that it widely prevails over this and adjoining sections in what seems to be an epidemic type.

Dysentery is generally defined as an inflammation of the descending portion of the large intestine, generally catarrhal in character, but it may become diphtheritic, ulcerative or even gangrenous. As we are not contending with either of the last three named varieties we will limit this paper to the pathology, diagnosis and treatment of catarrhal dysentery. As we face it now, it seems to be due to epidemic influences and is characterized by constipation, tenesmus, bloody muco-purulent stools and constitutional disturbance.

Pathology: In this variety the mucous membrane is red, swollen and thickened. The proper secretion is at first arrested, afterwards increased and finally becomes muco-purulent. The engorgement of the small vessels is so great that they often rupture, causing either hemorrhage from, or ecchymosis under the surface of the mucous membrane. The disease gradually subsides.

Diagnosis is made by the bloody stools, which contain mucus but no fecal matter, and by the tenesmus together with the constitutional symptoms.

Treatment: There are four special plans of treatment all of which I have been afforded an opportunity of testing during the present epidemic. (1) The ipecac plan. This consists in giving the patient grs. xx of ipecac combined with gr. ss of opium every two hours. (2) The purgative plan consists in combining small doses of opium with castor oil or one of the salines. (3) The opium treatment consists in giving gr. ss of the drug every two hours combined with either grs. x–xx of bismuth or grs. ii lead acetate repeated every two hours. (4) The alkaloidal plan consists in giving one granule each of aconitine and hyoscyamine every fifteen to thirty minutes, until tenesmus ceases, with a large dose of seidlitz salt until a large thin fecal stool occurs, then replace aconitine with strychnine arseniate and continue every two hours, with saline laxative mornings. In addition to this I used injections of solutions of creolin, thymol and in a few cases I used a very weak solution of corrosive sublimate. Under the first three plans of treatment the disease lasted from seven to ten days. Under the fourth or alkaloidal plan of treatment its duration was from three to five days thus showing a decided advantage in the alkaloidal plan. In two or three cases the disease begun above in the small intestines and gradually passed down into the larger bowel causing diarrhoea and reflex nausea and vomiting with reflex irritability of the bladder. In these cases in connection with the regular treatment zinc sulphocarbolate in three grain doses every four hours. For the irritated bladder benzoate of

lithium one granule every thirty minutes until effect then one every two or three hours; hot water taken freely with each dose.

PILOCARPINE AND MORPHINE.

Pilocarpine has been used much more and its uses appreciated since the dosimetric practitioners have called attention to its value. In combination with morphine it has a great field of usefulness. A writer in the Homeopathic Medical Recorder gives his experience with the combination and says: It is about fifteen years ago when some eminent member of the profession strongly advocated the use of small or medium doses of atropine together with the usual dose of morphine used in hypodermic medication. The suggestion was at once well received and has been in fashion ever since, although to me it has not been perfectly clear why. I know only of one particular instance where this combination is of absolute value, and that is when injected before ether is administered in surgical cases. At such times the morphine creates a tranquillity of the patient's mind that greatly helps the successful use of the ether, while the atropine dries up the secretions from the bronchial tubes, or rather retards its increased production by the anesthetic. In this particular instance I admit its effect, but for everyday use, to overcome pain or produce sleep, I frankly admit that I do not like the combination.

In its place I strongly recommend the profession to try the combination of pilocarpine and morphine, $\frac{1}{12}$ grain of the former to $\frac{1}{4}$ grain of the latter, or $\frac{1}{10}$ grain to $\frac{1}{3}$, or, as I generally use, $\frac{1}{8}$ grain P. to $\frac{1}{2}$ grain M. To my mind this is a very useful combination for general practice, the pilocarpine increasing the secretion of the various glands in about the same rate as the morphine checks secretion and leaves the patient with less damage afterwards than anything else that I know of.

Lately I have been unfortunate enough to have several patients, to whom it was necessary to administer from 3 to 6 grains [?] morphine daily, hypodermically, for a month or two. Of course, under such doses, to persons not in the morphine habit, total paralysis of bowels and bladder will occur, and, in fact, did occur whenever I was out of pilocarpine; but when I made a combination as above described, or in that ratio, but never administering more than $\frac{1}{8}$ grain of pilocarpine at any one time even if the morphine amounted to 2 grains, I had scarcely any trouble at all. The difference is so great and beneficial that I earnestly wish it was possible for me to show the effect to every physician in the land.

Years ago, when I was young and foolish, I used to pride myself upon how little I used the hypodermic syringe. I was proud of the fact that it was always dried up or out of order as a proof of non-use; but I have bravely got over that idea some years ago and nowadays use morphine very frequently, and in acute cases often find it all the treatment needed,—although I never used it in pneumonia until last winter, after I got the hang of combining pilocarpine with it; when so used there is no danger of drying up the secretions, to do which generally means death to the patient,—and the more I use morphine in acute cases the better I like it, and the patient is satisfied, pain, fever and fear relieved and a dose of cathartics next morning is all that is needed. After surgical operations I have always disliked to use morphine if I possibly could get along without it, as the clogging up of the various secretions does not help the process of healing any, but used as here described it becomes safe; try it.

Be careful, however, with women well advanced in pregnancy, or after operations upon the female organs, for pilocarpine is liable to create some very troublesome crampy, contracting pains in the uterus in some women, but not in all, just as it affects the testes in some men. If given alone, without morphine, it can create severe hiccup, and will, as a rule, affect the left eye, almost blinding some people. I hope some enterprising manufacturing pharmacist will put up molded (not pressed) hypodermic tablets in the three sizes here advocated, for none, to my knowledge, is upon the market, and I feel sure that if this were done, and the physicians in general became acquainted with the working of the combination, the demand for such tablets would be almost as great as for the atropine and morphine tablet of today. The "Cheap John" of the profession, however, will not bother about this improvement, for pilocarpine is one of the most expensive alkaloids.

ALKALOIDAL FACTS.

By M. A. Blanton, B. S., M. D., Baileyton, Tennessee.

Chloral hydrate should be exhibited with great care.

Eye washes of nitrate of silver, if long used, discolor the eye.

Children are especially susceptible to the narcotic effects of opium and its alkaloids.

Be cautious in giving atropine to flaxen-haired, light-complexioned, nervous women.

Medicines administered by the rectum or vagina should be given in twice the dose by the mouth.

Be cautious in giving morphine subcutaneously after opiates have been given by the mouth or rectum.

Medicines administered by the hypodermic method should be given in one-half the dose by the mouth.

Eye washes containing acetate of lead are apt to leave a permanent opacity where there is any ulceration.

The healthy mucous membrane of the bladder never absorbs medicine; an ulcerated vesical mucous membrane does.

ALKALOIDAL CHIPS.

PICKED UP IN VARIOUS PLACES.

Dana recommends large doses of strychnine in tic douloureux.

Waugh's anodyne is a good remedy in the vomiting of pregnancy.

Agaricine nearly always decreases the sweating in consumptives.

Phytolaccin and calcium sulphide give good results in lymphangitis.

For acute suppression of urine, small doses of pilocarpin (1-60 to 1-30 grain) will be found an efficient remedy.

A Russian physician treats dysentery by giving first sodium sulphate, then in two hours sodium bicarbonate, then in two hours ergotin.

Aconitine in pills of 1-250 grain, one every five hours until the supervention of the physiological effects, or till the pain disappears, sometimes has a charming effect in migraine or tic douloureux.

Many cases of "heart trouble" are due to constipation and a deranged stomach. Start them out with some of Abbott's saline laxative and follow up with the W.-A. intestinal antiseptic and Waugh's anti-constipation granules and you will cure some bad cases.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

THE PARASITE OF CANCER.

The possibility of cancer being a germ disease has for a long time been prominently before the medical mind. Not many months ago the Rundschau referred to the question and the arguments pro and con. The reasoning of one investigator, that if cancer were of bacillary origin, metastatic forms of it would invariably have the histologic character of the organs in which they appear, seemed particularly cogent and the weight of argument tended altogether towards a denial of the microbic origin of cancer. But theoretical speculation has often been refuted by practical experimentation. Work done by Professor Gaylord, of Buffalo, and published in a paper in the American Journal of Medical Sciences, claims to establish finally as the cause of cancer certain protozoa, which he not only succeeded in isolating, but by the implantation of which he was able to produce artificially cancerous growths. The work and the report being as yet incomplete, another paper being promised by Dr. Gaylord, it may be too early to criticize his publication. However, men thoroughly familiar with biologic research confess disappointment and pronounce Dr. Gaylord's methods incorrect and his reasoning unsound. The rank and file of the profession will have to wait until the experiments have been carried to completion. There is one unpleasant feature which must be mentioned. The first report of Dr. Gaylord's "discovery" appeared in a lay paper in a most sensational manner. The report was of such character that it could not have been written without the doctor's collaboration or at least approval. Every physician will stigmatize this as utterly unethical and unworthy, a sad example of the spirit of commercialism encroaching upon the territory of scientific research.

SPINAL ANESTHESIA.

Anesthesia produced by injections of cocaine into the spinal canal was eagerly taken up by the medical profession. On the one hand it possessed the charm of novelty, on the other it promised exceedingly brilliant results. The method has been tried extensively in all parts of the world, so that we might well expect that its exact value and indications have been established. But this is only partially the case, only the advantages and dangers are a little more nearly understood. It seems to be best applicable in old persons, since it involves less interference with the secretions and less shock. Where general anesthesia is contraindicated, as in disease of the heart, lung, kidneys, cirrhosis of the liver or other abdominal dropsy, or when the patient dreads an anesthetic, subarachnoid cocainization will be useful. Its special field is in the operations on the lower extremities, and those of perineum, bladder and rectum. The dangers must never be lost sight of. A sufficient number of fatalities have been reported to serve as warning. Reclus collected six deaths out of 2000 cases in European surgery, a rate far in advance of that of chloroform. Cumprecht found seventeen deaths which could be traced to no other cause than the shock of tapping the cord and injecting the cocaine. Direct depressing action upon the

medullary centres is not likely to result, but the toxic action of the cocaine increases as the injection is made higher in the cord. There is the possibility of wounding one of the nerves of the cauda equina and fatal hemorrhage has occurred. No greater depression of the heart need be feared than from a small dose of cocaine, three or four-tenths of a grain, administered in any other way. The necessity of perfect asepsis cannot be insisted upon too vigorously. The method carries so many uncertainties with it that many surgeons refuse to use it at all. Various substitutes for cocaine have been tried, being thought safer, such as antipyrine, tropacocaine, eucaine. They have proved valuable in some hands, useless in others.

DEFENSE AGAINST MALPRACTICE SUITS.

The medical profession might learn a useful lesson from a malpractice suit that has just been ended in Minnesota, after having been in the courts nearly five years. It has created a good deal of stir in that state, both on account of the high standing of the defendant, Dr. Walter Courtney of Brainerd, and the evident prejudice against the physician shown by judge, attorney and jury. In two trials heavy judgments were rendered in favor of the plaintiff, for the court was unfavorable, medical testimony incompetent in quality and quantity was allowed undue weight, twice the supreme court reversed the lower court, the plaintiff's attorney took positions diametrically opposed to each other in the two trials, but not until the judge had been defeated for re-election and a third trial took place before a new judge, was a verdict for the doctor ordered by the court on the ground that there was nothing in the case of the plaintiff. The victory must have been a very costly one for Dr. Courtney, not counting at all the severe mental and nervous strain. Any surgeon is likely to be confronted by such a disastrous suit, against which we seem to have no protection in law or equity. Lucky he who has nothing, so that a judgment against him would have no value. Those who are not entirely judgment proof should procure a policy in a good medical defense union or reliable insurance company.

VACCINATION.

As there has been a considerable amount of smallpox in the state of Minnesota vaccination has been carried on quite extensively. The improved glycerinated vaccine has been tested fairly. It must be admitted that many of the claims put forth in the first place by tne manufacturers do not appear in practice. In this vicinity physicians and health officers complain that the percentage of takes is altogether too small, perhaps not exceeding fifty per cent. Another disadvantage in many instances was the length of time it took the vaccine to remain latent before the effects appeared. The writer had a number of cases in which he had given up all hope of results, when finally the pustules came out. Perhaps the vaccine was too old, but different standard makes were employed and all acted alike—sluggishly. Dr. Robertson, of Litchfield, Minn., makes a puncture through the skin with a cataract knife, inserts the end of the vaccine tube into the slit, injects the vaccine and then closes the wound with collodion. He claims that in this way immunity against smallpox is produced in the same manner as by the hypodermic injection of antitoxin against diphtheria, without the production of any external pustule or ulcer whatever. If the idea is correct, which can only be determined by a large series of experiments, it would go far towards overcoming all objections against vaccination.

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FORMALDEHYDE POISONING.

The ingestion of a large dose of formaldehyde causes serious consequences so that it is well to be informed on the toxicology of this important remedy. While formaldehyde is a safe antiseptic yet it cannot be swallowed carelessly any more than many other valuable remedies. Formaldehyde has come into such an extended use that its safety as an antiseptic and disinfectant is shown by the few cases of poisoning reported.

The first case of poisoning was reported by Klubner. His case was found unconscious, covered with cold perspiration, which persisted for several hours. There was complete anuria for nineteen hours and also redness of conjunctiva and pharynx. The patient recovered by symptomatic treatment.

Zorn reported a case of a man accidentally swallowing four drachms of forty per cent. solution of formalin. The patient was found suffering from dyspnea, vertigo, great anxiety, burning in mouth and stomach and nausea. There was almost complete anuria for twenty-four hours.

The literature on formaldehyde poisoning is very meagre so that the following report by Dr. Jas. Wellborn of Evansville, Ind., in the Ind. Medical Journal, is of special interest:

There has been but little said on this subject, probably due to the fact that formalin has not been in use many years. After treating a case of formalin poisoning, I searched the literature but found very few reports. The case I have was Mrs. B——, aged 50 years. While sick from some gastric complaint, she was accidentally given a drachm of formaldehyde in about half an ounce of water, and drank about an ounce of water following. There were no immediate symptoms, more than a slight burning irritation. I saw the patient within fifteen minutes after the taking, and at once washed the stomach thoroughly. At this time there was a pallid face and a distressed and anxious expression, marked dyspnoea, radial pulse not perceptible and excruciating pain in the epigastrium. The symptoms resemble much those of carbolic acid poisoning. Strychnia in doses of grain 1-40 didn't bring the pulse up, so digitalin grain 1-100 and glonoin 1-100 were given with good results. Aromatic spirits ammonia and whiskey were given and seemed to benefit respiration. The temperture dropped to 97 degrees, pulse rate about 120. The patient was comatose about two hours and at times restless and trying to get out of bed. After a few hours the symptoms subsided, and in three or four days there were no symptoms at all and the patient felt as well as before taking. There seem to have been no sequelae. I have since learned that ammonia in any form is the best antidote, as it forms a harmless compound—urotropine—which is not irritable or poisonous to the system. Some men think that any treatment good for carbolic acid poisoning is good in these cases. For that reason I gave whiskey, alcohol not being obtainable.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

LABORATORY WORK IN HISTOLOGY; by G. Carl Huber, M D., Junior Professor of Anatomy and Director of the Histological Laboratory, University of Michigan. Third Edition, Revised and Enlarged. Pages, 204. Cloth, $1.50. George Wahr, Publisher, Ann Arbor, Mich.

Pathology today, plays such an important part in the diagnosis of diseases that a thorough, practical knowledge of histology is necessary to the practicing physician. This manual will be found very useful both to the student and the practitioner as a working guide.

Part I is devoted to describing methods of mounting and preparing specimens. This section gives nearly one hundred formulas for making preparations used in histological work and thus will be found especially useful to the physician in his laboratory work.

Part II. begins with cell structure and cell division in both plant and animal life and proceeds to describe the most complex animal structures. The book is interleaved with blank pages for the student to make drawings of what he sees in his laboratory work. Any student who will use this book and carefully make the drawings will have a work which he will prize highly for years after he leaves college. The book is not intended to supplant any regular text-book on histology, but to supplement the text-book as a laboratory guide.

The following extract from the introduction presents a good suggestion:

At the present time, students and often teachers also are apt to rely wholly on the newer and more complicated methods of microscopic technic, and to disregard or belittle the "rough and ready methods" of the older observers. The student should, however, be early led to recognize that important observations may be made with the unaided eye and with simple lenses on tissues removed for such study without further preparation, and should be particularly instructed and encouraged in the examination of fragments of tissue, obtained by careful separation of larger pieces by means of needles and the scalpel. A better idea of the shape, size, and normal appearance of tissue elements can often be obtained in this way than from sections of tissues prepared after the most approved methods. This should be followed by a study of tissue elements, separated more thoroughly by certain methods of isolation and maceration, and only after this has been accomplished should the study of sections stained after the simpler methods be undertaken. This may be followed by a further study of details brought out by one or the other of the many special methods.

THE DISEASES OF THE RESPIRATORY ORGANS, ACUTE AND CHRONIC. Arranged in Two Parts and Interleaved for Supplemental Notes. By William F. Waugh, A. M., M. D. Professor of Practice and Clinical Medicine, Illinois Medical College, etc. Pages 242. Cloth $1.00. The Clinic Publishing Co., Chicago. 1901.

Every physician, whether in general or special practice, is interested in diseases of the respiratory organs, and will open this new book with interest. Dr. Waugh is one of the most practical writers of our profession and this is appreciated by the profession as shown by the large sales of his pre-

vious books, which are practical guides to many in their daily work. Dr. Waugh has the faculty of condensing much into a small space and presenting information so clearly that it can be used quickly when desired.

The first part of the book is devoted to acute diseases and contains twenty-three chapetrs, each chapter presenting the etiology, symptoms, diagnosis and treatment of one disease. Dr. Waugh's clear style is too well known to medical readers to need any special mention or introduction, but we cannot resist presenting the following extract on the treatment of asthma, showing how well he handles a subject:

"The Paroxysm. An emetic or cathartic may relieve by removing the cause of the attack. The most speedy relief ensues from a counter-irritant or ice, applied over the pneumogastric nerve in the neck; or from glonoin one-fourth milligram (gr. 1-250), atropine one-eighth milligram (gr. 1-500), and strychnine arsenate one-half milligram (gr. 1-134), given together every fifteen minutes until relief ensues. Very many other remedies have proved effective in relieving the paroxysms, including nauseants, antispasmodics, stimulants, anesthetics, analgesics and others, many acting through suggestion. The use of chloroform, alcohol, morphine and other habit-drugs, afford prompt relief, and as the paroxysms surely recur, cause dangers infinitely greater than the asthma. They are unnecessary and should never be used.

"When the paroxysms are prolonged, continuous or quickly recurrent, the patient should be brought under the full influence of strychnine arsenate. This may require doses of two milligrams (gr. 1-30), repeated three to ten times a day, till the full effect is manifest and the malady controlled; and this effect should be sustained until it is found that the doses can be gradually lowered without recurrence of the paroxysms. Maximal dosage has been sustained for weeks with the best results. The use of this remedy in moderate doses, increased carefully but fearlessly, offers the best known means of breaking up the disease and effecting a permanent cure. Of course this does not refer to accompanying organic maladies, each of which requires its own treatment. The bowels, kidneys, diet. personal and domestic hygiene, should also be regulated. I am far from advocating this method of treating asthma to the neglect or exclusion of the common duties of the physician, which might nevertheless be allowed to go by default if not mentioned.

"When the causes of the paroxysms are known they must be avoided, for habit is potent here as elsewhere. If any climate is asthmatic for an individual he may have to choose between continuing to be an asthmatic, and finding a climate where he will be free. Individual idiosyncrasy rules here. The smoky air of Pittsburg may be better for some persons than the pure air of Chicago.

"Emphysematous cases and those accompanied by heart disease are benefited by potassium iodide in full doses, three grams (gr. xiv) or more daily."

The second part of the book contains fifteen chapters devoted to chronic diseases. Several chapters are devoted to phthisis and the reader will find many helpful suggestions from the author's wide experience. He also gives considerable attention to the camp and sanitorium treatment of tuberculosis.

The book is interleaved so that the practitioner can write in his own views on the diseases, record new advances and copy extracts from current literature. The idea of interleaving books is a good one and is becoming popular with the profession; a medical man can thus make for himself a reference

book of inestimable value. This work will be found by any physician to be both interesting and helpful and we are sure it will be referred to frequently.

BOOK NOTES.

It pays to bind your journals and magazines; they are then in shape for easy reference. We furnish some very inexpensive styles of binding.

This is the season when you need Dr. Fisher's book on Infant Feeding. There is no other book like it published and its practical value is very great. It only costs $1.50.

While Success is not in any way a childrens magazine yet we advise every one having children to take it. The healthy, uplifting tone of the articles and stories it publishes makes it a most desirable family magazine.

Dr. M. J. Rodermund has started a magazine to expound his peculiar views on subjects relating to medical matters. We have noticed it for sale on the newstands, but the newsdealers say the sales are few and far between.

The complete novel in the July Lippincott's Magazine, is "A Woman for Nothing" by Louise Betts Edwards. This is the summer number of Lippencott's and gives a large amount of desirable summer reading.

Modern Culture for July contains two illustrated articles on the Pan-American Exposition which will be referred to with interest in years to come. A sketch of Tolstoi, by Amalie Boguslawsky of Milwaukee, is very timely.

The August number of the World's Work will be devoted to the Pan-American Exposition. The publishers have gone to great expense to produce a handsome memorial of the great fair. Everyone who attends will certainly want a copy.

Among the great variety of good matter in the Ladies Home Journal for July, "Goin' Fishen With Joe Jefferson," is worthy of special mention. The article is very entertaining and is well illustrated. Another good article is "The Mother Teal and the Overland Route" by Ernest Seton-Thompson.

Modern Researches by Bayer, is a new book we have received and will review next month. If you want something decidedly original on the problem of sex, vernix caseosa and difficult parturition, write to the Scientific Publishing Co., 96 Fifth Ave., Chicago, for a prospectus of the work.

McClure's Magazine is a necessity in many thousand homes because of its great value. A most interesting article in the July number is "Long Distance Balloon Racing" by Walter Wellman. "The Loon" by Wm. D. Hulbert and "The Story of the Declaration of Independence" by Ida M. Tarbell, are of special value.

The World's Work for July covers its broad field in its usual concise way, laying stress throughout upon its self-stated doctrine of the doing of things. Many original articles, by eminent writers make this a most valuable number. Of the departments, The March of Events considers among other topics the Supreme Court decision, church creed revision, the labor troubles, and the problems in Cuba, China and elsewhere which the month has brought forth. The magazine's illustrations are a feature. The magazine is good from cover and cover and will be thoroughly read with profit and enjoyment by all.

SOCIETY ECHOES.

THE STATE MEDICAL SOCIETY OF WISCONSIN.

The fifty-fifth annual meeting of the State Medical Society was held at Waukesha, June 26-28, and was the largest in the history of the society. The program was carried out as planned to the enjoyment and profit of all.

Officers were elected as follows: Dr. W. H. Neilson, of Milwaukee, president; Dr. A. J. Hodgson, vice-president; Dr. L. H. Pelton, of Waupaca, second vice-president; Dr. C. S. Sheldon, of Madison, to succeed himself as secretary; Dr. Arthur Holbrook, of Milwaukee, assistant secretary; Dr. S. S. Hall, of Ripon, treasurer; Dr. F. S. Walbridge, of Milwaukee, censor for three years; Dr. Searles, of Palmyra, delegate to American Medical Association; Dr. B. M. Caples, of Waukesha, alternate.

WISCONSIN STATE ECLECTIC MEDICAL SOCIETY.

The meeting of this society was held at Waukesha, June 26-28. The following are the officers for the coming year:

Dr. C. W. Rodecker, of Wonewoc, president; Dr. J. B. Brewer, of Jefferson, first vice-president; Dr. M. L. Bailey, of Stitzer, second vice-president; Dr. I. F. Stillman, of Walworth, treasurer; Dr. J. V. Stevens, of Jefferson, recording secretary; Dr. M. H. Stetson, of Lima Center, corresponding secretary; Dr. W. H. Hurlbut, trustee; Drs. C. E. Quigg and F. P. Klahr, electorial delegates.

WISCONSIN HOMEOPATHIC SOCIETY.

The annual meeting of this society was held at Milwaukee, June 26-28, and a pleasant session is reported. The society went to Waukesha June 27, and took part in the joint meeting of the three state medical societies held there on that date.

INTER COUNTY MEDICAL SOCIETY.

The regular meeting of this society was held at West Superior, Wis., July 16. This was a very appropriate place for the hot weather meeting of this live society. Dr. Wm. B. Lyman, of Eau Claire, is president; and Dr. J. J. Selbach, secretary.

CHICAGO ELECTRO-MEDICAL SOCIETY.

One of signs of the times is the meeting of physicians of the different schools together in harmony. The Chicago Electro-Medical Society is a new society just organized, composed of members of all three schools. The society promises to have a large membership and to have some unusually interesting meetings. The following officers were elected:

Dr. S. V. Clevenger, president; Dr. E. J. Farnum, vice-president; Dr. J. E. Gilman, second vice-president; Dr. R. H. Street, secretary; Dr. G. G. Burdick, treasurer.

ILLINOIS STATE MEDICAL SOCIETY.

Another evidence of the changes in professional sentiment is the following resolution, which was unanimously passed by the Illinois State Medical Society:

"Resolved, That the school of graduation shall be no bar to membership in the Illinois State Medical Society, providing such physician is recognized as qualified by the local society, and not claiming to practice any exclusive system of medicine."

This resolution admits reputable eclectics and homeopaths to the society. The only bar would be to those advertising one exclusive system of practice and this is done so little that it would shut out but few.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Fruit.—Good ripe fruit, not rotten, is better than an excess of meat during the hot weather.

Uric Acid.—Did you read Dr. Hinman's article on uric acid troubles in last month's Recorder? If not, it is worth turning to and reading. You cannot find a good article on this subject every day, that is not written in the interest of some proprietary remedy.

Tenia.—The article on treatment of tenia, by Dr. Earp, in the Discussions department gives some good suggestions. Dr. Earp has published an article of considerable length on tenia and other intestinal worms in the current number of his own journal, The Medical and Surgical Monitor.

Specific.—Dr. W. H. Gray, of Michigan City, Ind., has successfully used his compound for removing tapeworm in so many cases that he considers it a specific. He furnishes abundant evidence of his results. In treating tenia successfully it is necessary to have the remedies reliable. Old and partially inert drugs will not do the work in such cases.

Investment.—The Fremont Oil Co. makes a good offer to those wishing to invest in oil. The officers of this company are honorable men and will manage the company to the best of their ability. Money put into this stock cannot be considered speculation as the per cent. of loss on California oil well investments has been less than 5 per cent.

Northwestern University Medical School.—Dr. N. S. Davis, Jr., has been elected Dean, and Dr. Arthur R. Edwards, Secretary of the Faculty. Wesley Hospital, which is connected with the school, has been opened to the patients. The hospital is well equipped, has three hundred beds and will give the school excellent clinical material. Wesley, Mercy and Provident hospitals give the school a large amount of clinical material, which is available only to students of the school. Work has begun upon a twenty-five thousand dollar amphitheatre at Mercy Hospital for the school. This school, with a record for higher medical education, has a brilliant future before it.

Dosimetry.—The dosimetric idea is growing, as can be seen by the pages of the medical press. Numerous articles are appearing on the uses of the various alkaloids. Recently the New York Lancet added a department devoted to alkaloidal therapeutics. When the Recorder was started we recognized the importance and possibilities of alkaloidal medication and our first issue contained the department of Alkaloidal Therapeutics. We believe that the Recorder was the first journal in the country to establish such a department. The original matter in our alkaloidal department is appreciated and is frequently reprinted in other journals. The last issue of the Dosimetric Review contains liberal extracts from three original Recorder articles.

Mouth-Breathing.—This becomes a habit with some individuals so that

it is almost impossible to stop it, even though the respiratory passages are clear. Sometimes, after the removal of adenoids and hypertrophied tonsils, patients persist in breathing through the mouth because of this firmly fixed habit. No reliable preventive of this habit was discovered until the invention of the spirodom. This elegant device (named from the Latin words spiritus and dominor, signifying to control the breath, and pronounced spire'-o-dom) is the embodiment of simplicity and effectiveness. Its extreme lightness and its easy pliability, by which it readily adapts itself to the shape of the mouth, render its presence scarcely perceptible; it is applied so easily and quickly as to cause no trouble or annoyance; and as the materials of which it is made, rubber and aluminum, are not affected by the saliva, its use is perfectly harmless.

Small Pox in Wisconsin.—For a good while small pox has prevailed in Wisconsin and although the State Board of Health has valiently tried to stamp it out, it has not been eradicated. Most of the small pox is in the northern part of the state, as the lumber camps are where it spreads. One thing which has hampered the State Board is a lack of funds to fight with. Governor LaFollette refused to allow available funds to be used in reimbursing cities which are fighting the disease. As we write this we learn that the governor has met the State Board to discuss the matter and doubtless he will now give his assistance in exterminating the pest. Another obstacle is the absence in Wisconsin of a compulsory vaccination law.

General Debility.—G. B. Ughetti, Director of the Institute of General Pathology, Chief Physician to the Victor Emanual Hospital, Catania, Italy writes the following. As a result of a wide experience of Fellows' syrup of hypophosphites, I have become so completely convinced of its efficacy for the cure of many forms of general debility of the organism, especially in children, that, although I am little inclined to give testimonials in favor of pharmaceutical specialities, I do not hesitate publicly to declare my confidence in this.

Salads.—Many salads are indigestible compounds which are productive of all kinds of stomach disorders. There is great danger of infection from salads as various green vegetables used in them often bear germs. Professor Caresole says that he has found various bacteria among the green vegetables largely used by the poorer classes in Italy. Among them were b. typhosus, b. septicus and b. tetanus. The dangers of unwashed vegetables are, in fact, very great. It is interesting and useful to know that soaking the lettuce or endive for half an hour in a three per cent. solution of tartaric acid not only renders these vegetables safe, but also improves their qualifications for the composition of salads.

Enlarged or Atrophied Prostate—J. S. Fisher, M. D., of Toledo, Ohio, writes: The cases in which I have had occasion to use sanmetto are quite numerous and varied, both acute and chronic, and when indicated have produced very satisfactory results, both to me as well as to the patient. For a peroid of three years sanmetto has been my sheet anchor in the large majority of cases of prostatic and urinary difficulties, both in enlarged prostate as well as atrophied conditions. I may sum up the whole category of prostatic and urinary ailments, and say in my experience that sanmetto covers more general indications and is

more reliable in my hands than any other remedy. I use and have great confidence in sanmetto.

Oral Diseases.—Dr. Anderson, of Statesbury, used ecthol with complete success in the case of a child fifteen months old suffering from serious aphthous stomatitis. With the same treatment he was able to check the disorder in the sister of this patient. Dr. Fairfaix of Hague, relates a case of intense acute amygdalitis in which ecthol "did wonders." Prof. P. W. Felter, of Cincinnati, while studying the echinacea plant, which etners, as is known, into the composition of ecthol, obtained excellent results with it in different forms of amygdalitis, and particularly in the ulcerous and gangrenous forms. The use of ecthol is also indicated in quincy, in glossitis, and particularly in that peculiar complaint of the tongue due to hyperkeratosis of the filiform papillae and called "black tongue."

Acute Peritonitis.—McCaffrey ("The Etiology, Pathology and Treatment of Acute Peritonitis") observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter irritation. the older resorts are practically useless. Hot water bags and poultices are superior, but the relief they afford is only temporary. In some cases the ice bag is more grateful than hot applications. But whether hot or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses every hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short of narcosis, should be sought, and this is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitro-glycerine, should be judiciously employed.

Tubercular Osteitis.—Dr. J. S. Perekhan of Chicago reports the following case: W. A., aged 19, of a good family history. About a year ago he began to lose flesh, shortly after swelling and tenderness of the dorsum of both feet and the lower end of the left tibia was noticed. A diagnosis of tubercular osteitis being made, patient was placed on tonics and ordered to rest the parts by keeping off his feet. He did not improve, however, but on the contrary abscesses formed and the necrosed bones had to be removed. On leaving the hospital his general condition was very poor; had lost considerable flesh, appetite poor, face and lips exceedingly pale, a few enlarged lymphatic glands were to be felt in the neck. On examination of his blood at that time, January 20, 1896, contained corpuscles 2,700,000 to the c. m., whiles the hemoglobin was only 47 per cent. Patient was given Gude's pepto-mangan, 3 j. t. i. d. with one drop of beechwood creosote to the dose. The latter had to be discontinued for a few days on two occasions on account of disturbed digestion. The improvement in this case was rapid and very decided. Complexion shows marked change for the better, he has lost his pallor and regained a healthy color, gained health and strength, the large lymphatic glands have diminished in size. Examination of blood was: February 15—Corpuscles, 3,510,000; hemoglobin, 64 per cent. March 6—Corpuscles, 4,000,000; hemoglobin, eighty per cent. Patient decided on a sea voyage and he was advised to continue the treatment for a month longer.

Summer Diseases.—During the summer the Abbott Alkaloidal Company is advertising its remedies for cholera infantum and other summer diseases with the bold assertion that with these agents properly applied there is no need for a solitary infant's death from these maladies. Is it not worth while to look over the matter, and see what is the foundation for such faith?

Sunlight.—The value of sunlight in many diseases is so well known to us that it is a wonder that we do not recommend it oftener than we do. The editor of Health has the following to say of the value of sunlight in insomnia: We have been asked by a correspondent to give our opinion as to the best method of dealing with insomnia, and our reply is that no syrup of poppies, no tincture of opium, no powders of morphine can compare in sleep-producing power with sunshine. Let sleepless people court the sun. The very worst soporific is laudanum, and the very best is sunshine. Therefore it is very easily understood that poor sleepers should pass as many hours in the sunshine as possible. Many women are martyrs, and do not know it. They shut the sunshine out of their houses, they wear veils, they carry sunshades, they do all that is possible to keep off the subtlest and yet most potent influence which is intended to give them strength and beauty and cheerfulness. Is it not time to change all this, and so get roses and colour in your pale cheeks, strength in your weak backs? The sunlight would be a potent influence in the transformation.

Cell Tonics.—The following extracts from an editorial in the Journal Animal Therapy Association are of interest to those studying cellular therapy: A cell tonic is the agent which will increase the activity of one or more of the functions of cells, or which will furnish nutrition to a cell. A cell tonic may, therefore, be incomplete, i. e., increase the activity of one or more than one of the cell functions or simply furnish cells with food; or it may be complete, i. e., increase the activity of all the functions of cells and also furnish the cells with pabulum. The facts recited in this short review of cell tonics teach several important lessons. First: A chronic organic disease is not beyond relief or even the possibility of a cure, solely because that lesion is a chronic, textural cell change or metamorphosis. A rational use of hygienic, dietetic, mechanical, medicinal and other cell tonics may frequently arrest the growth or lessen the degree of such cell changes, and thus frequently remove all evidences of such lesions. Second: It is not beyond logical possibility to find a complete cell tonic. The Roberts lymph compound is, at least, nearly a complete cell tonic. Third: Research in the therapeutics of chronic diseases must be directed towards the discovery of all cell tonics. A remedy that will powerfully increase the functional activity of, and supply nutrition to cells, must in many instances be able to restore normal or nearly normal vitality to cells not absolutely dead.

A Laboratory for Poisons.—It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being. Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are

often but the physiological demonstrations of putrefactive alkaloids. Appreciating the importance of the command, "Keep the bowels open," the physician will find in "Laxative Antikamnia and Quinine Tablets" a convenient and reliable aid to nature in her efforts to remove poisonous substances from the body. Attention is particularly called to the therapeutics of this tablet. One of its ingredients acts especially by increasing intestinal secretion, another by increasing the flow of bile, another by stimulating the peristaltic action, and still another by its special power to unload the colon.

Amnesia.—Doctors Rosenberg and Aronstam contribute a good article on this subject to the Medico-Legal Journal, We quote from it: When Simonides wanted to teach Themistocles the art of memory, Themistocles said to him: "Ah, rather teach me the art of forgetting." No doubt there are many things which we must forget. Should we not do this, we would never imbibe and fixate new ones. "Forgetting," says Professor Ribot, "becomes a condition of remembering." Thus, forgetting is quite advantageous. Nevertheless, it might safely be said, that generally, it is more detrimental than beneficial. Indeed, some of the effects of forgetfulness are quite often exceedingly annoying. It is with some of these effects that we shall deal in the present paper. Before, however, entering into the "sujet propre," it might be pertinent to make a few explanatory remarks on memory and its anthithesis—forgetfulness, in general. The seat of memory is supposed to be in the convolutions of the frontal lobes of the encephalon, and comprises three divisions: (1.) Center of memory impressions. (2.) Center of inhibition. (3.) Center, regulating memory. From a purely psychological standpoint, memory might be classified as follows: (1.) Objective. (2.) Subjective. The first applies to the aptitude of retaining impressions of prenatal racial experiences. The second applies to the impressions resulting from subjective experiences which are not only retained, but which may also be frequently re-produced at will. Memory, like all other organic or psychic functions may be subject to disease. But as the pathology of the diseases of the memory is as yet obscure, we shall, therefore, designate the various morbid manifestations of the memory as memorapathies. Among the memorapathies amnesia merits a prominent place; and here we return to our subject proper. Amnesia may be defined as a disease of the memory, in which the center of impressions is counteracted upon by that of inhibition at the expense of regulation, producing temporary or permanent loss of memory. The causes of amnesia are many. Those of importance are the following: (a.) Distinct lesions of the cerebrum. (b.) Insanity. (c.) Imbecility, idiocy and dementia. (d.) Extreme mental or physical exhaustion.

The New School.—Dr. C. A. L. Reed in the president's annual address at the recent meeting of the American Medical Association speaks as follows of what he calls the new school of medicine: The changes which I have advocated are essential for the attainment of the purpose of the Association and for the fulfillment of the high destiny of our national profession. They are demanded by the changes that have taken place during the last 50 years. The legislative functions have passed from voluntary organizations to the congress and the legislatures, where they belong; but it still devolves upon the profession in the organized capacity, to stimulate, to restrain, or otherwise to control the law making power. The

responsibility of the profession is increased, rather than diminished. Science has come to have a clearer meaning. He who now proclaims a dogma cries alone in the night, while the world sleeps. They who demand a creed may read its varying terms only in the progressive revelation of natural laws. Practice has changed. The depletions, the gross medications, the absurd attenuations, the ridiculous antimineralism have given way to refined pharmacy and to a more rational therapy. Sacrificial surgery has yielded to the spirit of conservatism. Prevention is given precedence over cure. Education implies research and discovery, and all may delve. I proclaim, events proclaim, the existance of a new school of medicine. It is as distinct from the schools of 50 years ago as is the christian dispensation from its pagan antecedents. It is the product of convergent influence, of diverse antecedent origin. It acknowledges no distinctive title, it heralds no shibboleth. It is a school of human tolerance, of personal independence, of scientific honesty. It is the slave of neither prejudice, nor preconception, and abandons the accepted truth of yesterday, if it only be the demonstrated error of today. It places no premium upon personal prerogative, and extends no recognition to individual authority. It makes no proclamation of completeness, no pretension to sufficiency. It recognizes that truth is undergoing progressive revelation, not ending today, but continuing through the ages. It yields its plaudits to achievement, and recognizes that he is the greatest among men who reveals the most of truth unto men. It greets as a friend him who thinks, though he think error, for, thinking, he may think truth and thereby add to the common fund. It heeds all things, examines all things, judges all things.

Suggestion in Neurasthenia.—Dr. J. P. C. Foster, of New Haven, writes at some length on this subject in the Yale Medical Journal. He believes suggestion to be a valuable therapeutic measure in neurasthenia but that it should be used understandingly and carefully. In concluding his article he says: You are aware that Charcot and the school that followed his lead at the Saltpetriere contended that susceptibility to hypnotism was due to a pathological condition of the nervous system, while the school at Nancy contend that there is nothing pathological about it, and that the induction of the hypnotic state to any degree is justifiable and harmless. The position of the Nancy school has been, I believe, thoroughly sustained in so far as they claim that susceptibility does not depend upon a pathological condition, but I cannot satisfy myself that the frequent induction of the hypnotic state is harmless. The literature of hypnotism abounds in cases where subjects having been frequently hypnotized became so extremely sensitive as to pass into deep somnambulism upon the slightest suggestion. Such a condition certainly cannot be regarded as free from evil, and must, it would seem, be especially harmful to highly neurotic subjects. I have been assured by a leading specialist in this form of treatment that he has never seen any injury come to a neurasthenic from hypnotism. Upon this question Dr. Tuckey of London writes: "There is one class of cases for which hypnotic treatment offers particularly good prospects of relief. The exhausted brain worker, whose nervous system is in a painful state of erithism, will here find exactly the remedy which is physiologically indicated. The overwrought and over-anxious victim of modern economical and social conditions can be soothed and refreshed, by hypnotic suggestion, to an extent quite

unattainable through drugs or physical treatment of any kind. But hypnotism of these subjects is a process requiring much tact and patience, for the condition of the brain is such as to render the necessary mental quiet and confidence difficult of attainment." These statements, both coming from men of high scientific attainment, cannot be disregarded, and I am ready to admit that a sufferer from neurasthenia who can secure the treatment of such eminent specialists may be greatly benefited by their treatment. I do, however, claim that the general and indiscriminate use of hypnotism by the profession would be fraught with very serious danger. It takes two to practice hypnotism. A sufferer from neurasthenia on the one hand may be ready to receive and retain whatever may be suggested to him; on the other hand, he is practically at the mercy of his physician, who, if he is not a man of acute moral perception and the very highest attainment in his profession, assumes a responsibility of the gravest character. Hypnotism has come to stay and to gain more and more the confidence of the profession; but until we possess a better understanding of the subject, it is not to be used carelessly by the general profession.

Napoleon's Eczema.—The world never tires of reading about Napoleon, the wonderful character. To medical men familiar with some of his physical infirmities some explanation can be found of some of his peculiarities. Dr. Edmund Andrews writes entertainingly in the Clinical Review regarding the eczema which irritated the great military man: The memmoirs of the Empress Josephine state that Napoleon was "tormented" with an eruption of the skin caught by seizing a rammer dropped by a dead artilleryman, who had scabies, and was killed at the siege of Toulan. Bonaparte himself made the same statement to Surgeon Warden of the ship Bellerophon, on the voyage to St. Helena. He said that at this siege, near the beginning of his career two of his gunners were killed, one of whom had the itch. He seized the fallen rammer and loaded the gun, and thereby took the disease, but he was properly treated and cured. The parasite nature of the disease was not then known. Several months later he developed a chronic eruption, doubtless eczema, which "tormented" him at times throughout his entire life. He and all his surgeons, as well as Hereau, one of his family physicians, said in accordance with the crude medical theories of that period, that the scabies had "receded" or "struck" in," in consequence of exposure to storms, and produced his various diseases of the internal organs and also brought on his life-long exzema. The Empress' statement that his chronic eruption "tormented" him, shows that it was not syphilis since syphilitic eruptions do not itch. One of his physicians at St. Helena states that he found it necessary to make free use of prolonged hot baths. He rose very early in the morning and sat in the hot water sometimes hours, while an attendant read a book to him, or his secretary wrote what he dictated. "He was continually reaching for the hot water faucet," says the physician, to raise the temperature of the water. Often he had a large board tablet laid across the tub, and his breakfast served on it, while he continued to sit in the bath. Dr. Hereau says the eruption mainly attacked the outer sides of the thighs. This is perhaps the most prominent case known of severe pruritus treated by heat. Napoleon was a very self-willed patient. He probably found by his own experience, that prolonged very hot baths in the morning relieved

his distress for the rest of the day, and he is entitled to the priority of the discovery.

The Future.—In concluding the annual oration on medicine at the St. Paul meeting of the American Medical Association, Dr. N. S. Davis Jr. thus spoke of the future of medicine: The nineteenth century will be known in the history of medicine as the century of experimental medicine, for it is in that field that the greatest discoveries of the age have been made. The names of Pasteur, Koch and Lister will forever be linked with it as representing its greatest achievements. But these achievements would not have been possible had not the physicist perfected the microscope, and had not Virchow and his pupils explored the field of cellular pathology to its farthest limits. Around Virchow's name as a banner will historians gather the achievements in medicine during the early and middle portions of the century, and around Pasteur's those of its close. If our greatest needs conditioned the growth of knowledge, we could prophecy what will be the great field of research of the twentieth century, but history teaches us that our needs can often not be met until some sister science has grown, or new methods of experimenting have been devised. Therefore, the future must remain a blank to us. However, we are more apt to accomplish what is needed if the problems are kept clearly in mind. We greatly need more exact methods of clinical study, more accurate knowledge of the effect of remedial agents and procedures, but more than all else we need a knowledge of the changes which take place in the living tissue in health as well as in disease. The anatomist has resolved the cellular structure of the body; the physiologist, the laws which govern the action of its organs and the chemic changes which are wrought upon its surfaces; the bacteriologist has discovered the parasites that infest, and often destroy it; the pathologist has described the anatomic changes which disease produces; the clinician has linked all these facts together and has discovered ways of seeing with the intellectual eye disturbances of physiologic function, of determining their cause, and of anticipating the anatomic changes which they will produce. But this does not satisfy us; we want a knowledge of the atomic and molecular structure of cells, of the changes which take place in the atoms and molecules in health and in disease, and of the effect of medicines and remedial procedures upon them. This knowledge chemistry must give us. I feel sure that, standing as we do at the beginning of a new century, expecting greater developments in it than in the last one, we are halting before new discoveries in chemistry, waiting for new methods of studying metabolism in microscopic portions of tissue. When this knowledge is vouchsafed, medicine will make another stride as great as was made when, by the perfected microscope, cellular pathology and bacteriology became possible. Let us look with confidence to the Virchow and the Pasteur of the future.

Modern Education.—Dr. A. W. Bayliss has a very suggestive article in the Buffalo Medical Journal on how we are educating our children. There is no question but we are crowding children much harder than a few years ago, and there is also no question but we shall reap a neurasthenic harvest a few years hence. Dr. Bayliss says: After speaking with several teachers, I find they all say they do not crowd their pupils but rather hold them back; but any fair, liberal-minded person I think will see that this is not so. From the time the child enters the kinder-

garten to the time he leaves the high school, it is a continuous process of cramming or developing grey matter. The same brain cells are not brought into use in the study of one subject that are in the study of a different one, yet the child is at all times under the same mental strain when at work. I spoke of the child in the kindergarten as being hurried through life. If you doubt that, look at the little tots as they come from school with tears in their eyes, when they have been told that if they did not do better they would have to go back into a lower class or remain in the class they are in while their more fortunate companions are promoted, and tell me then that they are held back! This is a picture that may be seen quite often these days. This same process of teaching is seen throughout school life only in different degrees, as the teacher is more or less ambitious for her well-being and situation, also her future advancement, for we are measured by our failures as well as by our victories; so it behooves them to do their best if they expect to prosper in their chosen field of labor. Instead of this process of grinding, I would have more time spent in teaching them how to study. Not so much to work, but how to work. Of course, the present text-books are much plainer to the child than were the old ones. Compare the old Brown's grammar, from which the beginner graduated in time, with the present text-books on language. Now the pupil goes step by step to the more advanced subject. Yet the technical way to study is not taught as it should be. How often do we see the girl or boy sitting listlessly over their books with thoughts far away, yet call this study, when if they knew how to work, for work it is, how much less time would be spent over their books than now. What would we think today of putting a teacher into a school, no matter how learned he or she may be, if they were not taught how to teach, yet we expect the child to grasp the lesson in his undeveloped state. Therefore, let us teach the child how to study and when to study. The present system of marking the standing of pupils should be abolished, also all honor rolls, and instead a private record kept in each school or room for reference, and when one falls below a certain per cent., the parents should be notified and requested to spur up the careless child, if careless he is, instead of making it public before the whole school and neighborhood and holding the child up to the ridicule of his mates, which must act to discourage many, for who of us can stand a continued faultfinding without becoming discouraged? And how much more vim and life it puts into us if we are led to think we sometimes do something worth commending. If it acts so on us it certainly must do the same with the child, for the only difference between us is we are a little larger than they and have seen a little more of life. Then the child is not so much educated by this system that we have in use now. Up to the time the child commences to take the examinations there is more of a general education; but when that begins, the child's attention is directed more especially upon the study in which he expects to take an examination, and there is a continuous drill upon that subject until they pass it, and what can be worse for the child than this form of study? It does not teach the principle only so far as it is necessary to pass. Not only the sin of omission is seen here but the sin of commission also; for you will all allow, I think, that a child kept under this continuous strain must be debilitated and weakened, when if this were different the child would have less to worry about as well as be better prepared for that which is to come.

BRIEF MENTION.

Don't speculate.

A tonic alterative par excellence is arsenauro.

Blessed is that man (or woman) who does not snoop.—Hubbard.

Neurasthenia is often greatly benefited by passiflora incarnata, Daniel's.

This is the season of the year when you need milkine. Send for free samples.

When you use malt remember the maltzyme preparations, which are elegant and efficient.

One hundred dollars in a good real estate mortgage is better than a thousand in the stock exchange.

Dr. W. Towns, of Fond du Lac, cures his epilepsy cases. He will help you cure yours, if you write to him.

Lanikol has many uses in every-day practice, and those not acquainted with it should send for a sample.

Send for a sample of Dr. Kellogg's funis ring. It will cost nothing, but will show you the best method of securing the funis.

In wasting diseases use Morgan's tissue food. If you do not know its great value, it will pay you to investigate it at once.

Iodomuth is a desirable succedanum to iodoform. We have used it in many cases and have found it a reliable and pleasant antiseptic.

The Dr. Koonse Co. is reliable and you will find that the company can assist you very much in the cure of cases of drug habit.

In the therapeutics of indigestion, no remedy stands higher than Dr. Beckel's Compound Digest. Free samples to Recorder readers.

Sometimes it is necessary to send patients to a sanitarium, and when you do you want an institution which will use your patients and yourself well and not be exorbitant in charging. Such a sanitarium is the Alma.

The many uses of hydrogen peroxide make it a necessity to all practitioners but to secure good results a good preparation must be used and that is hydrozone.

The country is being flooded with circulars of cheap instruments; many are cheap in quality as well as price. The best is none too good for satisfactory work and when you use Sharp & Smith's instruments you know you can get none better.

Every physician should protect himself from the annoyance and expense of malpractice suits; no practitioner expects a suit, but the most careful may have one. The Physician's Guarantee Co., of Fort Wayne, Ind., gives perfect protection.

THERAPEUTIC CULLINGS.

Acute or chronic cystitis—
℞ Powdered borax.
Benzoic acid, aa, ʒss.
Fl. ext. corn silk, ʒj.
Water q. s., ℥iv.
Mix. S.—Dessertspoonful in water every 3 hours. C. N. BROWN.

Chronic bronchitis—
℞ Terebene, ʒiiss
Mucil. acaciae aquae, aa ʒss.
Syr. zingiberis q. s. adr ℥ij.
M. et S. 1 teaspoonful three times daily.

Habitual Constipation—
℞ Sulphuris loti,
Potass. bitartrat., aa ʒj.
Pulv. sennæ fol., ʒiv.
Syr. rhei, ℥ij.
Syr. rhamni purshianæ, ad ℥iij.
M. Sig. Teaspoonful morning and evening. —Texas Clinic.

Gastric Fermentation—
℞ Bismuth subnitratis, 0.3
Bismuth salicylatis, 0 3
Pulv. ipecacuanhae, 0.1
Bensonaphtol, 0.3
S. One powder after each meal.
—International Med. Magazine.

Tuberculosis—
℞ Iodoformi, gr. i-iij.
Strychninae sulphatis, gr. $\frac{1}{40}$.
Arsenii iodidi, gr. $\frac{1}{12}$.
Balsami Peruvianae, gr. ii-v.
Mix and encapsulate.
Dose: One capsule after meals three times daily. SOLIS-COHEN.

Asthma—
℞ Tr. digitalis, ʒij.
Potass. iodid., ʒiij.
Chlorodyne, ʒij.
Tr. lobelia, ʒv.
Syr. squills, ʒj.
Elixir simp., ℥iv.
M. et S. 1 teaspoonful every 3 hours. PORTER.

Scabies—
℞ Betanaphthol, ʒss.
Sulphuris sublimati, ʒj.
Olei eucalypti, ʒj.
Unguenti zinci oxidi benzoati, ℥j.
M. et ft. unguent.
Sig.: For external use.
—Medical Bulletin.

Vomiting in children—
℞ Potassii bicarb, gr. xxv.
Acidi citrici, gtt. xvij.
Aquae amygdalae, ʒj.
Aquae destil, ℥ij.
M. Sig. One teaspoonful every time vomiting occurs.
—HOLT, Med. Record.

Dysmenorrhea—
℞ Phosphor., gr. $\frac{1}{50}$.
Ferri valerianat., gr. j.
Zinci valerianat., gr. j.
Quin. sulph. gr. j.
Extracti aloes, gr. j.
S. One pill after meals.

Hemorrhoids—
℞ F. ext. echinaceae august., ʒj.
F. ext. hamamelidis virg., ℥ij.
Aquae destillatae, ℥j.
M. Sig. Inject two fluidrachms after each stool. E. V. HALL.

Scarlet fever—
℞ Tinct. ferri chlor., ʒij.
Glycerinae.
Syr. simplicis aa ℥j.
Aquae q. s. ad ℥iij.
M. Sig. One teaspoonful every three hours while awake. This helps the throat. —MILLARD, Pediatrics.

Gastric Catarrh—
℞ Argenti nitratis, gr. ij.
Ext. hyoscyami. gr. iij.
M. et ft. pil. No. xii. Sig. One pill three times a day. DA COSTA.

Tinea versicolor—
℞ Hydrargyri chlor. cw. gr. x.
Ammonii chloridii, gr. xv.
Aquae hamamelidis dest. ℥iv.
M. et ft. sol. SHOEMAKER.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

TREATMENT OF TENIA.

In the treatment of tenia failure often results from not thoroughly cleansing the bowels and thus removing the protection of the parasites. The day preceding the administration of the anthelmintic no food should be taken unless a glass of milk in the evening. During the same time the bowels should be evacuated by the use of Epsom or Rochelle salts or phosphate of soda and an enema given at bedtime. On the next morning the anthelmintic should be given, followed in two hours by a saline cathartic and perhaps a second one if the preparation is a teniafuge; if, however, it be a teniacide the cathartic should be given in one hour and repeated if necessary. The bowels should be moved in a vessel of warm water to prevent the chilling of the loops, which warmth may thus prevent the head from fastening itself to some portion of the intestine, for to obtain the head is all important as evidence of success. The latter directions mainly apply to cases where a teniafuge has been given. Occasionally watery evacuations seem to weaken the patient and the continuous use of cathartics may have been unnecessary from the fact that the parasites may be removed from the rectum by an enema of warm water.

Following the use of kousso there is some nausea, abdominal pain, and sometimes violent purgation, and its use should be avoided in the case of pregnant women; however, this should be the rule in the use of any anthelmintic. The fluid extract may be given in doses of ʒss in mucilage acacia, no purgative is required.

Aspidium is probably the most efficient and has given me the best results. Its use is not without danger and it should be given with a considerable degree of caution. Some of the untoward effects are excessive purgation, weakness, stupor, cold extremities, convulsions, collapse and coma. Some deaths have been reported from its use. The oleoresin may be combined with oil of pepo, ʒss of the former and ʒss of the latter, in the form of emulsion; this is to be taken at one dose after fasting. Pediatrics, January 1900, quotes Dr. Grawitz as suggesting a method of preventing the poisonous effects as follows: "The best known injurious action of the drug is its poisonous effect on the nervous system. Besides such mild symptoms as nausea, vertigo, syncope, and tremor, there occur severe convulsions, absolute unconsciousness, and delirium, which eventually may terminate in coma and death. In many cases the blood is so altered as to destroy the red blood cells by the absorption of the poisonous porperty of the ethereal extract, with the subsequent deposit in the liver, thickening of bile, and production of icterus. Not infrequently, as the result of treatment by filix mas, gastro-intestinal catarrh occurs. In otherwise healthy persons, inflammatory symptoms on the part of kidneys are rare. If, however, old inflammatory conditions exist in the renal organs then the ethereal extract might very well cause an increase in the symptoms and pathological condition. The same applies to the liver. From the foregoing experience it may be concluded that the large doses of 20 gm. and over, as formerly given, are very unsafe, and that in adults 8-10 gm., and in children over six

years, half that amount, are the proper doses. In using the drug all laxatives, oils, and oily vehicles, particularly the much-used castor oil, are to be avoided, inasmuch as the poisonous acid of the extract is very easily absorbed by oily substances. The most important conclusion of the toxicological examinations seems to be the observation that every weakness of any special organs, e. g., liver and kidney, and that every general lack of resistance on the part of the entire organism increases the danger of a local or generalized poisonous effect. In the treatment for the ordinary tapeworm the drug should be given for therapeutic and not for diagnostic purposes."

An emulsion of pepo has been considered efficient and harmless and may be made from two ounces of the seeds.

The root of granatum is one of the best remedies, two ounces to one quart of water and boiled to one pint, and then taken in four doses. However, this is not a pleasant preparation and it can be used in a better form. It is not without some danger, but less than some other preparations.

I have used a form of pelletierine bearing the name of Tanret. The phial contains about an ounce of the liquid to be given in a tumblerful of sweetened water and twenty minutes later a cathartic. I used this preparation in eight adult cases with no failures. The usual time elapsing before the passage of the parasite was three hours. In two cases I gave a laxative thirty minutes before the pelletierine and in each case the tenia was expelled within an hour. The nausea was slight and easily combatted by a grain of sugar or salt upon the tongue. The dizziness which generally appeared was overcome by reclining upon a couch for a few minutes with eyes closed. An objection is the price, and it is probably not superior in any way to the tannate, which can be given as follows:

℞ Pelletierine tannate, gr. v-x.
Aqua. menth. pip, ℥ss.
Aqua. simp, ℥ss.

M. S. To be given following a fast day, one-half an hour after administration give a saline cathartic such as Epsom or Rochelle salts and repeat if necessary.

The following combination (New Eng. Med. Monthly) has given good results:

℞ Acid. salicylici, gr. viss.
Oleores. aspidii, gr. x.
Ol. cinnamomi, m. x.
Gum. arabic, ʒij.
Aqua, ℥ij.
Simp. syr., q. s., ad, ℥iij.

M. Sig. To be taken in two doses before breakfast.

The exact study of aspidium spinulosum has only recently been undertaken by Dr. Walter Lauren, of the pharmaceutical institute of Helsingfor. (La. Sem. Med.—Merck's Archives.)

Flucker showed that it contained the resin glands, and more recently Poulson obtained filicic acid by ethereal extraction, and in Finland this species is much more widely distributed and occurs in greater quantity than aspidium filix mas. The author prepared a 10 per cent. ethereal extract, and having noted a proglottis in his own stools, took 4 Gm. (1 dr.) of the extract, following it in two hours with castor oil. One and a half hours following this he passed a 25-foot Bothriocephalus with its head. Further investigations confirmed the earlier investigations made, that both in simple gelatine capsules and in keratin capsules, the extract was active.

Flesh suggested that in order to prevent the nausea during the administration of male fern, which is often the case, it is wise to give a combination of belladonna and cocain, in small quantities, before and after the administration of the anthelmintic.

Samuel E. Earp, M. S., M. D.
Indianapolis, Ind.

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LEADING ORIGINAL ARTICLES.

PUERPERAL ECLAMPSIA.

REPORT OF CASE—DEATH—DISCUSSION.

By H. J. Achard, M. D., Roselle, Ill.

Being convinced that we learn fully as much from our failures, and from those of others, as we do from our successes, I am constrained to report the following case of puerperal eclampsia which ended fatally.

On the 25th of last February I was called to attend Mrs C. L. in her first confinement. Patient was 28 years old and had been married two years. This was her first pregnancy, and had progressed uneventfully, except for some sort of a "fit", during the early part of it, which was, according to the story told me, attributed to "wrong medicine". I was unable to learn any particulars, nor can I say what medicine had been taken at that time, but it was something for headache.

Labor had commenced at 11 a. m. on the 25th. I was called at 1 p. m. and found the soft, patulous os dilating satisfactorily, the head presenting (occiput left, anterior) at the superior strait, but not fully engaged. Pains occurred every ten minutes, reasonably strong and doing good work. Labor progressed steadily until the perineum began to bulge, when the pains became less strong, and the patient lost courage. However with some little encouragement and careful management a fine baby girl weighing 8 1-2 pounds was delivered at 5 p. m. The placenta and membranes came away entire and without any difficulty within the half hour, and the young mother was soon comfortable. During labor bladder and rectum had been freely emptied, and some hours after confinement urine was passed again in good quantity and spontaneously.

During the following three days recovery progressed steadily. The urine continued free in quantity, of good color and normal smell, presenting no reason for examination. The lochia were normal in every way. The bowels moved spontaneously on the second day. Lactation was well established on the third day, and a slight soreness of the nipples as well as some backache while nursing readily yielded to local applications of alcohol. On the third day vaginal douches were orderd with anazyme uterine tablets (Maltbie's). On that day patient complained of headache, for which migraine tablets containing acetanilid, gr. 2, camph. monobrom-

ate gr. 1-2 and caffeine, gr. 1-2 were given. There was no abnormal temperature at any time.

On the 2d of March, the fifth day of the lying-in period, I received a telephone call at 6 a. m., to come at once. Patient had had a good night, and at 5 a. m., without any warning, she had thrown up her hands and become unconscious. I found her but half conscious, complaining of intense occipital headache. Temperature was normal, pulse rapid, small. I ordered hyoscyamine, amorphous, gr. 1-250, and glonoin, gr. 1-250, alternately every hour, and had to leave to perform an operation several miles away, for which all arrangements had been made.

When I returned at 3 p. m., patient had had two convulsions. She was half comatose, could be roused only with difficulty and then complained of headache. I called for a consultation, during which several convulsions occurred which were controlled by chloroform. The urine was drawn, and in part passed involuntarily. The amount was good, at least four ounces, there was a very slight trace of albumin. The rectum was found empty. An enema of hot salt solution was injected with the high rectal tube. This was allowed to come away, and then I injected the following: Chloretone (P. D. & Co.) gr. 9, Triple Bromides, five tablets, dissolved in about one-half pint of water. Through the night the rectal injections of salt solution, bromides and chloretone were kept up. Subcutaneously cicutine hydrobromate, apomorphine, strychnine arsenate and glonoin were given at regular intervals. Heat was applied to abdomen, loins and lower limbs; cold rags, at times to the head.

At 3 a. m., on March third the breathing became stertorous. Patient could no longer be roused. The hot rectal enemata were rejected, with small amounts of black viscid faeces. Urine was drawn again, but in smaller quantity. The pupils which were dilated, became fixed, did not respond to the light, nor, later, to the touch, and at 5 a. m. death occurred. During the last two hours the temperature had risen to 103° Fahr., the heart beats were rapid and small, but remained regular and continued for about five minutes after respiration had ceased.

The remarkable point in this history is, that convulsions should have occurred so late in the lying-in period, and without any prodromal symptoms, unless we accept the headache on the third and fourth days as such, and yet it happens frequently enough that our confinement patients complain of headache, which passes away as it did in this case. Moreover the headache was occipital and the headache warning of convulsions is usually frontal, as we shall see presently. Pregnancy had been favorable throughout, the patient was a tall, strong young woman well built and apparently the destined mother of a large family. I must confess that I cannot find any cause for the eclampsia in this case, nor for the failure in our treatment. As to the latter, chloral was not used because my bottle was empty, and chloretone promised equally good results. Morphine was omitted because of late several opinions against its use had been expressed, and my consultant was not in favor of it. The remedies used were given faithfully and regularly, and were of the best quality obtainable as far as the drugs were concerned. I may add that the deceased had frequently expressed to her friends, tho never to her husband or family, the fear that she would not survive her confinement. But such gloomy forebodings are frequent enough, especially with primiparae.

The literature in regard to cases of eclampsia occurring after birth is rather scant. I have collected as

much information as I could on the subject, and will give it in the following.

Puerperal eclampsia presents a strong resemblance to epilepsey with which it has sometimes been confounded. Eclampsia is not rare, its danger to the mother, and especially to her unborn child, is great, and even if the former escapes immediate death, she is liable to septic infection or to chronic nephritis, and sequelae involving the psycho-motor or psycho-sensorial centres are not uncommon. Moreover its essential etiology is not settled beyond all controversy, nor is there perfect professional agreement in all things concerning the medical and obstetrical treatment.

The statements of authorities differ in regard to the proportion of those attacked. Auvard gives 3 in 1,000; Martin and Kaltenbach 1 in 500; Vinay 1 in 250 or 260; the last statement is approximately correct. The reports of the Philadelphia Board of Health show, that in the five years beginning with 1868 and ending with 1872 there were 47,191 children born, and in that period 132 women died from eclampsia. Assuming that the disease was mortal in 25 per cent of cases, i. e, three recovered for one that died, the entire number of cases of eclampsia occurring in the five years was 525, or 1 in 170 labors. From 1888 to 1892 incl. 141,235 births and 99 cases of the death from eclampsia were reported; which by the same computation, would give us 396 cases of the disease in that period, or 1 in 381 labors.

It cannot be justly asserted that there has been such an advance in the treatment of the disease that the mortality has been lessened more than one-half. A partial explanation of the difference in the above figures is given by the fact that eclampsia is more frequent in certain places, and likewise varies in its severity.

Eclampsia may appear toward the end of pregnancy, it is most frequent during labor and occurs most rarely after labor. (Kaltenbach). According to Pagot the proportion is for 100 cases occurring during labor, 60 before, and 40 after labor. Goldberg reports of 1120 cases, 21.07 per cent. occurred during pregnancy, 56.34 per cent during labor, and 22.59 per cent after labor. Bailly states per contra that the order of frequency is: pregnancy, labor and lying-in period, and claims that many cases, inducing labor, were counted under the head of occurring during labor, but should have been classed as occurring during pregnancy.

If eclampsia occurs during labor, it does so usually in the first stage; if after labor, it occurs in the great majority of cases within a few hours, tho a few or several days may intervene in others; even 28 days have passed in a case observed by Bailly, and 58 in a case of Sir James Y. Simpson's.

We may with Vinay question, whether attacks first occurring more than two weeks after labor should justly be included under puerperal eclampsia, and whether they are not rather to be diagnosed, with Fernberg, as epileptic or epileptiform attacks.

Premonitory Symptoms: The first attack may occur without any warning, the patient up to the seizure having apparently been in good health; but usually there occur precursory phenomena, which may last but a few hours or may begin a few days before the seizure. These phenomena are nausea and vomiting, restlessess, weariness upon exertion, mental irritability, headache, disturbance of vision, dizziness, muscular tremors, ringing in the ears, and severe epigastric pain. Special importance is to be attached to the epigastric pain, for, tho not a constant symptom, its presence is very significant. It lasts a few hours, is severe and continuous, there is generally dispnoea connected

with it and its occurrence is due to the toxicity of the blood which is no doubt an essential cause of eclampsia itself. The headache is usually frontal over the entire head, or it may be unilateral, but rarely occipital. The disturbance of vision may be asthenopia or diplopia, or even absolute blindness. If the headache be accompanied by flashes of light, ringing in the ears, tingling and numbness of the lower limbs, then the attack is at hand.

For the phenomena of the epileptic convulsions I will refer to the textbooks on obstetrics, where a full clinical picture of this terrible malady can be found.

It is rare for the attacks to continue longer than 48 hours; indeed the fate of the patient is usually determined within the first 24 hours, for if there are several attacks during this time unmitigated in severity and undiminished in frequency, a fatal outcome is almost inevitable. There is a progressive elevation of the temperature with the successive attacks. The temperature being 102 to 104 deg. Fahr. and it may be still higher after death. If the temperature continues to rise, the prognosis is unfavorable, and vice versa (Bourneville). The urine is usually scanty and loaded with albumin. It contains epithelial cells from the urinary tract, blood cells and casts. There may be anuria. It must not be supposed that all albuminurics are of necessity eclamptics. Hubert places the number at 26 per cent only, and Charpentier has collected 141 cases of eclampsia where albuminuria was not present.

Termination: Eclampsia may end in death, or in partial or complete recovery. Fatal results rarely occur during the attacks, and then are due to the long continued suspension of respiration, acute asphyxia. More frequently we observe a gradual asphyxia caused by pulmonary oedema or congestion. In some cases cerebral apoplexy is the immediate cause of death, while in others it is pneumonia or septic infection. The fatal outcome may also be due to acute yellow atrophy of the liver and finally to a profound general toxemia.

Recovery from eclampsia may be made incomplete by a resulting mental defect (amnesia) or mental disorder (insanity). If albuminuria persists, it generally disappears in a few weeks but grave renal disease has been known to manifest itself. Hemiplegia sometimes follows eclampsia, but is usually curable, as are also various disorders of vision which are a very frequent reminder of the dangers and systematic disturbances passed thro.

Diagnosis: Eclampsia is sometimes confounded with epilepsy, but is distinguished from the latter by the temperature. In eclampsia we observe a constantly rising temperature, while in epilepsy the temperature remains stationary, or nearly so.

The prognosis is more serious in cases occurring before labor than after the uterus has been emptied. According to Kaltenbach complete anuria, profound stupor, loss of reflex irritability, paralysis, small and frequent pulse, great elevation of temperature, and jaundice constitute the symptoms which have a very unfavorable prognostic significance.

The mortality is given by Pagot as fifty per cent, by Bailly as 42 per cent, and by Kaltenbach as 30 per cent. According to recent statistics it varies between 19.38 and 36.50 per cent.

Cause: The opinions of authorities differ widely in regard to the causes which may bring about puerperal eclampsia, as may be seen from the extracts from various sources which I give below. In general it may be asserted that primiparae are more frequently subject to this terrible disease than multiparae, and that next in order pluriparae are exposed to it.

In statistics collected by Olshausen 16 out of 200 cases had been twin cases. Other predisposing causes are, a narrow pelvis which has to give passage to a very large head, excessive irritability of the nervous system, an expectant or otherwise disordered mental condition. Heredity, which has been claimed as a cause, has been rarely observed.

The essential cause of eclampsia is toxemia. The urine contains normally several toxic principles which are diminished in quantity in eclampsia, while the blood serum contains a correspondingly increased amount. Another important cause is to be found in the failure of liver and kidneys to eliminate the toxins resulting from metabolism, while a part of the poison may probably be derived, by absorption from the foetus.

Schroeder considers cerebral anaemia to be the cause of eclampsia. Spiegelberg claims that albuminuria is an essential cause, and that cases of convulsion where this does not occur must be considered as epileptic. Veit finds the cause frequently in an acute irritation of the parenchyma of the kidneys, which increases an already present nephritic affection or causes such a one. In support of his theory he cites the constant presence in the eclamptic urine of constituents of the blood.

According to Ferberg there are three kinds of convulsions occurring during the puerperium, viz. hysterical, epileptic and eclamptic. Of the latter there are two varieties: uremic and and epileptiform. In the latter we find no albumin nor pathological anatomical changes in the kidneys. The clinical picture presented by both is the same as that of epilepsy, except, of course, that the attacks in eclampsia are recurrent. Veit proposes to divide puerperal convulsions in three classes, viz.—

Hysterical.
Eclamptic.
Acute-epileptic.

Norris describes the predisposing process in the following lucid manner: All investigations indicate that toxins of unknown composition and of various origins are the underlying factors in the causation of puerperal eclampsia. The healthy organism is at best a manufactory in which poisons of various kinds are constantly produced, and as Bouffe happily remarked, even the healthy body makes incessant attempts at suicide by intoxication. The organs of transformation and of elimination correct this tendency, but they are at a disadvantage during pregnancy, and thus then the blood contains an abnormal amount of leucomains. The toxicity of the urine is then decreased while that of the serum is correspondingly increased. The blood contains fewer red blood corpuscles, the heart is obliged to accomplish an extra amount of work, as do also the lungs, and an unusual strain is put on the kidneys and liver.

Great stress must be laid on a faulty action of the liver, of which vomiting presents the commonest symptom, and this, together with dyspepsia and constipation show a preliminary slight intoxication. Pruritus, ptyalism and incorrigible vomiting lasting after the fourth month are more serious manifestations of the toxemia. Insomnia, icterus and yellow atrophy complete the sequence in those cases in which the liver trouble is most marked. Sometimes the nervous system may be the one affected, all portions of it being liable to attack, from the peripheral nerves to the cortex. The skin may suffer, as in herpes, and albuminuria is frequently present.

Treatment: Vinay justly observes that there are malignant cases of eclampsia in which death is inevitable all means of cure failing. There are

no specific remedies in this disease, and no one plan of treatment is constantly to be pursued.

The prophylactic treatment in those cases presenting symptoms of impending toxemia may be put briefly thus: Avoid constipation. Secure free action of the skin and kidneys. A pill of ext. aloes and colocynth. q. s. every morning, to cause free watery stools. Hot baths, 100 deg. Fahr. or more, to promote the action of the skin. Patient may be wrapped for 15 minutes in a warm blanket, given a glass of hot milk, and then is to remain in a warm room for two hours. Milk should be the chief article of diet, and the alkaline mineral waters are useful diuretics. In grave and persistent albuminuria where the proper treatment has been unsuccessful, the artificial interruption of pregnancy may be indicated, in order to save the life of the mother. Vinay recommends chloral, Duff, nitroglycerin. If prodromal symptoms are present, large doses of chloral may ward off the attack. It is preferably given by the rectum, and 300 grains have been given with good success in 24 hours. Kaltenbach recomended bleeding in strong plethoric women where great cyanosis is present. It removes a certain amount of poison from the circulation, and restores the contraction of the small vessels. Morphine is used by some authors, condemned by others. Chloroform must be used with great caution, as it impairs the use of the kidneys, and its prolonged use may cause fatty degeneration of the heart. Pilocarpine is rejected by most observers as being too dangerous. Veratrum viride has for some time been recommended very highly, hypodermically, and excellent results have been reported by some authors, while others have not been successful in its use. Reynolds advises in convulsions occurring after labor: Catharsis by calomel and croton oil, diaphoresis by hot air-baths, diuresis by all the water that can be swallowed, and by citrate of potassium or cream of tartar. He is afraid of pilocarpine, and prefers chloral to morphine. He has not seen any good results from the use of veratrum viride.

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THE RELATION OF ALBUMINURIA TO PUERPERAL ECLAMPSIA.

WITH REPORT OF CASE.

By R L. Ford, M. D., Beda, Ky.

There are several kinds of convulsions attending the pregnant woman and during the lying-in period.

We may have a woman pregnant who has epilepsy, and during her pregnant condition the convulsions may and often do become more common, and she may have a true epileptic fit during labor.

A woman may have an apoplectic attack during labor although this is rare for women of the child bearing age are seldom subject to apoplexy, but it can't be denied but what it occasionally occurs.

Then we have a hysterical convulsion; this form to my mind is one of the most frequent forms of convulsions attacking the pregnant woman and complicating labor. Practitioners ordinarily should be able to tell the difference,

but occasionally without an analysis of the urine it will puzzle the best obstetrician. A woman might have albuminuria and also have epilepsy or hysteria but if albumin is present in the urine and a woman has a convulsion it is more than probable it is uremic. The mere presence of albumin in the urine is not the cause of eclampsia but it is a sign that the kidneys are failing to remove some poison from the blood. Just what element is the cause of the fits has not been settled, it is held by some that it is urea and by others that it is carbonate of ammonia resulting from its decomposition. My opinion is that it is urea. There are some reported cases of eclampsia without albuminuria. My opinion is that those cases were some of the other kind of convulsions, most likely hysterical. I doubt if there are any cases of true puerperal eclampsia without albuminuria; so constant is it that it is almost pathognomonic. While I have seen but few cases yet the urine was loaded with albumin in every case.

I was called not long since to attend a lady in confinement. I knew nothing of her condition of health except that she was reasonably well until I was called. When I arrived I saw at once she had gained so much of what they thought to be pure flesh that I was a little suspicious of some trouble ahead; in addition she was suffering with an intense headache. She had been suffering for several hours with feeble pains. I gave her a dose of acetanilid and in a half hour her headache had greatly improved. Her pains increased for an hour or two and on examination I found the os beginning to dilate but was rather rigid. She claimed that her time was not up for a month but she was evidently in labor. I thought that everything was going along very well when suddenly and rather unexpectedly she had a violent convulsion. Any reader who has seen a case will know how horrible a scene it is to behold. I gave her hypodermically ½ gr. morphine; in spite of that she had another convulsion in a short time, now just what to do I did not know; the os by this time was not dilated more than the size of a dollar not enough to use forceps. I was not satisfied to let her keep on having convulsions for I doubted as to whether she ever would complete labor. The convulsions had not caused the uterus to contract like they usually do. I was satisfied of one thing and that was if the uterus were not emptied she and the child would perish. I told the husband and her sister who were present. Now came the question by what method should I effect delivery. The os was not dilated enough to use the forceps and I had no one to administer the anaesthetic and she might have another convulsion and she might injure herself with the forceps. To turn would jeopardize the child, but on the whole I decided to turn. I told the husband that the child if it were not already dead would more than likely be when delivered. I proceded to dilate the uterus artificially which was comparitively easy and tedious and after a while I got hold of a foot and soon delivered. All the time I was delivering the woman did not make a struggle she lay semi-unconcious and after all was over she came to and had no recollection of what had happened. The child sure enough was dead and could not be recussitated. All I regret was if I had known before hand that she would have been quiet I would have dilated and used the forceps. It would have had the advant age of giving the child a better chance.

I drew some urine with the catheter and on heating it, it was heavily load ed with albumin. I gave her iron and diuretics and she is now in seeming good health.

TREATMENT OF CHOLERA INFANTUM.

By A. V. Hinman, M. D., 29 W. Federal St., Youngstown, Ohio.

So little can be added to the many able and exhaustive treatises on the above named subject that one almost hesitates to take up his pen to add to them. But a few brief lines on our own observation and experience we trust may not be altogether amiss, as that experience has been one upon which we feel that we can rightly congratulate ourselves as well as our patients. The exceedingly warm weather of the present season has been such as to forcibly bring the subject to ones attention for his most careful consideration and research, and to amply demonstrate the efficiency or inefficiency of any particular mode of treatment.

Regulation of diet is ofttimes a puzzling matter in these cases. It is many times advisable to withdraw all food for a short time where there is persistent emesis. We are told to avoid cow's milk as that furnishes such an excellent medium for the development of bacteria. I have had excellent results with peptonized milk, beef juice and especially with some of the prepared peptonoid foods.

At first I almost invariably prescribe tablets of the following:

℞ Hydrarg. chloridum mite gr. ⅛
Sodium bicarbonate, grs. j

This is one tablet. One every hour until three are taken every morning and evening as long as stools are of a greenish hue, to a child under one year. After at least one good movement to relieve the bowel of any irritating substance, the following will be found to act as a gastric sedative in emesis, and most especially as a soothing agent to the coats of the intestines, relieving to a great extent the diarrhoea. It is also a mild intestinal antiseptic. While not much inclined to use forms of opium in these cases, I believe it is advisable so to do before the intestinal coats become much softened by the excessive catarrh existing there. Hence should the diarrhoea be too profuse, a few drops of paregoric added to each dose of bismuth mixture will aid greatly in checking the excessive discharge of the bowels.

℞ Bismuth subnitrate, grs. lxxx.
Milk of magnesia (Phillip's) ʒj.
Aqua anise q. s. ad ℥ij.

M. Sig. Teaspoonful every two hours.

As a further measure of intestinal antisepsis, rectal injections once or twice daily of a tepid boric acid solution (ʒj of the boric acid to a pint of water) are good.

To patients over one year of age, I give tablets of one grain each of mild chloride and soda instead of the tablets containing the smaller dose of the mild chloride, but instead of giving three every morning and evening, I usually find two an hour apart each morning quite sufficient to change the character of the stools and bring them to a normal color.

And last but not least, we should not forget the fresh air treatment. During the heat of the day the patient should be in a cool shady place, out in the pure, fresh air (under a nice shade tree, for instance, if possible) and the results will be surprising and in keeping with those obtained at our seaside and lakeside children's hospitals where plenty of fresh air constitutes one of the most important features of the treatment.

When the disease is taken in time, these simple measures will be found to be ample to obtain the most gratifying results.

Tanalbin is useful in chronic diarrhea in fifteen to rhirty grain doses.

THE INFLUENCE OF STIMULANTS AND SEDATIVES UPON THE ELIMINATION OF CYTOTOXINES.

By John Aulde, M. D.

Modern medicine now recognizes cell function as an important factor in maintaining health. For generations past only the gross manifestations of disease were observed, but with increased knowledge derived from investigations and improved facilities, the medical horizon has correspondingly widened, and besides, our faculties for discernment have been immensely augmented through microscopic technique, so that to-day it is rare to find a physician who fails to take into consideration, when prescribing, the immediate as well as the remote effects of medicinal substances upon cell function. For example, he knows that certain medicaments affect the cell function of the kidneys, that others affect more especially the liver cells, and that still others manifest their activities upon the cells of the cutaneous system; and a large number of the more active remedies are employed because of their known physiological action, that is, their influence upon the cellular structures. And the converse of this proposition is equally demonstrable, namely, that disease affects the cell function of particular structures and organs.

Certain remedies possess the power to augment the cell function, like salts of strychnine and arsenic, and hence are called stimulants; others, like opium and the bromides, lessen or hinder tissue-change, and are called sedatives. In every instance, however, the stimulants and sedatives modify or change the molecular activities; in other words, the molecular vibrations within the cellular structures are increased or diminished by medicines. This view is warranted because of the well known vital connections which are present in animal life, and which postpone cellular death for hours after occurrence of somatic death.

Accepting the theory of molecular vibration as a working hypothesis, the question naturally arises as to the probable effects, immediate and remote of stimulants and sedatives. Our reply is, that when cells are unduly stimulated, they are affected precisely in the same manner as the body itself, which is composed of organs and structures entirely made up of cells; exhaustion follows with inability to functionate. On the other hand, when sedation is carried to an extreme limit, arrest of function is attended with various manifestations, such as an attack of simple fever in children, insomnia, vertigo and nervous prostration in adults with apoplexy and death in the aged, due to defective oxidation and faulty elimination of katabolic products, including cytotoxines (cell poisons.)

It is now well established as a fact in clinical medicine that in disease we have to contend with poisons arising from derangements of the digestive apparatus, ptomaines, leucomaines and extractives, that we also have to deal with poisons especially associated with the disease itself (bacterial infection,) as in diphtheria, scarlet and typhoid fevers, and these poisons interfering with cell function, produce in turn other poisons through their influence upon the cellular activities. The physiological equilibrium is upset, owing to the derangement arising from defective or imperfect metabolism (molecular changes,) the cellular structures being unable to eliminate waste products, including cytotoxines. Substantially the same morbid complexus obtains in general debility, in anemia, in lingering convalescence and in advanced age, so that the human body becomes a poison generator.

The uric acid furnishes a notable example of the untoward effects arising from derangement of function, in which case we have to deal with hyperacidity, probably as an effect of katabolins (retrograde tissue metamorphosis.)

Happily, nature, without actually setting a limit upon physiological deviations, extends her conservative processes to the end that infection shall defeat itself. It remains then for the physician to fathom nature's secret and avert, if possible, disaster to his patient, by discovering the true character of any indisposition and anticipating her efforts by the clinical adaptation of his art. He knows that even in apparent health there may be abnormal conditions present which contribute to produce depression of the cell function. He takes the precaution to examine the urine, he interrogates the liver and makes careful inquiry concerning the condition of the digestive apparatus, but it is seldom the question of cell poisons presents itself. Indeed, the discovery of cytotoxines is of comparatively recent origin. In my opinion, the development of cytotoxines is due to reversion in cell action (retrograde metamorphosis,) advanced in 1898, and later demonstrated by Professor Metschnikoff (1901.)

This brings us to a consideration of the main question, namely, the influence of stimulants and sedatives upon the elimination of cytotoxines, that is, toxines generated or found within the cellular structures of the human body. Ordinarily, persons enjoy fairly good health who observe proper regulations as to diet and hygiene, so this much may be taken for granted. Infection or intoxication (auto-infection) from the stomach and intestines cannot be corrected by the employment of either stimulants or sedatives although in acute attacks affecting the digestive apparatus we do employ these remedies with temporary advantage. Specific infection, as in scarlet fever, diphtheria and typhoid fever, is best controlled by augmenting as far as possible the normal resistance of cells (physiological stimulation,) at the same time controlling within reasonable limits the circulation (sedation,) thereby imitating nature; in other words, making cells work.

As showing that I am not alone in entertaining this view, I quote from Vidal (New York Medical Journal, May 4, 1901, p 782,) as follows: "The so-called antitoxic serum acts neither upon the germ nor upon the toxine developed by it, but upon the cells of the organism which carry on the fight against the bacterial enemy. The serum of immunized animals has not, therefore, a specific action, but a tonic influence which is exerted generally throughout the body."

Putting my own interpretation upon Vidal's statement, I would say this: The cellular structures resist bacterial invasion because of the presence in the body of so-called "defensive proteids," of which nuclein is the chief, a non-toxic antiseptic. When produced by the action of multinuclear white blood-corpuscles in a normal condition this substance is appropriated as at least a portion of the protoplasmic pabulum, enabling it with the assistance of its contained oxygen to functionate; that is, to take up and appropriate nutrients and eliminate waste products, including cytotoxines. The effect of serum treatment, therefore, is merely a re establishment or restoration of function; practically, there is but slight difference between serum medication and nuclein medication. Serum treatment depends for its success upon the presence of nuclein, produced in the animal inoculated with a specific irritant, while true nuclein is a normal glandular product, artificially produced (extracted from the healthy structures of the animal body.) Nuclein possesses, however, one conspicuous advant-

age over serum, because there is absolutely no possibility of contamination of the finished product. Thus, a high spirited horse being used for the production of diphtheria antitoxine, in course of time becomes irritated in consequence of the frequent manipulation necessary. Punishment of the animal, or even continued manipulation, undoubtedly results in the formation of katabolins and cytotoxines which may be subsequently dissolved, enter the blood stream and impregnate the entire product. How many deaths due to this probable cause have occurred since the introduction of the method in 1894, it would be difficult to estimate, but as a dangerous factor in serum treatment it must be properly recognized in the near future.

In nuclein we have a true physiological blood tonic and tissue reconstructive, but even here medication may prove unsatisfactory, owing to hyperacidity, as already outlined. The next step is to re-establish a normal alkalinity of the blood, as a means of increasing its oxygen-carrying capacity, and with the expectation that this will make the cells work. The normal saline solution employed subcutaneously will accomplish this temporarily in emergencies, i. e., make the cells work, but it is not well adapted to general treatment; nor does it materially affect the blood reaction. The lymph-vascular system is but slightly affected, and it is here especially that we require alkalinity—to flush out the katabolins and cytotoxines and promote normal metabolism. Fortunately this condition can be secured by means of an alkali (sodium, potassium or lithium,) in combination with a mild saline, the main object of salines being to favor osmosis. Thus, a concentrated saline solution taken into the stomach creates at once an inward current (endosmosis,) and practically, this action is continued the entire length of the alimentary canal. On the other hand, alkalies go directly into the blood stream, and later, reach the lymph circulation. Not only is the nerve irritation incident to hyperacidity allayed, but hyperacidity and the formation of katabolins is prevented and the blood having its alkalinity increased, supplies the cellular structures with more acceptable pabulum, inasmuch as it presents it under proper physiological conditions.

The object, therefor, of the alkaline-saline treatment is, to make the cells work under normal conditions, when stimulants and sedatives may be advantageously employed.

The purpose of the present communication is to direct the attention of the profession to the importance if not the necessity for considering the manifest advantages of alkaline-saline medication as a means of removing certain obstacles to the successful employment of stimulants and sedatives in the treatment of disease. Uric acid has been mentioned, but there are so many instances when hyperacidity is responsible for prolonged illness that this idea should always occupy a prominent place in diagnosis.

Edgewood Farm, Kennett Square, Pa.

ANOMALOUS DISEASES DEMAND PRACTICAL DISTINCTION.

By W. H. Smith, A. B., M. D., Shellrock, Iowa.

In this country for some time a disease which does not differ from small pox in its essence, the period of invasion is identical, has particular modes of vesication, and is seldom a dangerous disease, has prevailed.

Any man of logical mind, born with a faculty of observation, can but be amused with the opinions expressed, not only through the newspapers of the country, but through the medical press in which their publications with-

out timidity, give dignity to their convictions, only too often bringing forth conflict and confusion, such as is now experienced in the so-styled Cuban itch, yaws, chicken pox and small pox controversy.

The great mass of all science, more particularly medical science, is speculative reasoning, hypothesis and conjecture, from which mass we must individually glean the facts of experience, the truths of logic, learning from the records of pioneers, observers and adventurers, without regard to authorities, credentials or ethics.

A deplorable mistake is often made in determining the nature of a disease by one of its manifestations on the exterior of the body, not taking into account the constituent elements of the disease, the aggregate of which represents the morbid unity of which we ought to form a correct conception. The character of epidemics depart, and it is common to meet with anomalous cutaneous eruptions, as well as other infectious diseases. Sometimes these anomalous eruptions so much simulate, even when they are looked at closely, as to be mistaken for measles; still more do they sometimes resemble the exanthema of scarletina, but the cases have no more to do with measles and scarlet fever, than do pneumonia or diphtheria have to do with typhoid fever when typhoid symptoms appear in the course of an attack of any one of them, likewise does the modified small pox of the ancients in its elementary form, and as it is known to European nations by the name of "horn pox," have any more to do in its relation to small pox than anomalous diseases do in general.

Anomalous small pox has been observed for a long time. Such of you as would wish to read the history of anomalous epidemics by Sedenham, the commentaries of VanSwiten and the Institutes of Borsieri, will be convinced that long before the discovery of vaccination persons had been observed to be affected with a form of small pox presenting all the characteristics of the modified small pox of the present day. The modified disease showed itself in those who had previously had small pox, whether communicated by accidental contagion or by intentional inoculation. This has been demonstrated repeatedly beyond the possibility of doubt, and was perfectly well known to the ancients.

One cannot too often peruse the interesting passage in the commentaries on Boerhaaves' "aphorisms" in which, when discussing the second attacks of small pox, the illustrious physician of Vienna describes several kinds of modified or bastard small pox, which are essentially different from one another.

The characteristic eruption of modified small pox comes out like that of the natural disease; first begins on the face, forthwith gains the body and extremities, and is at first identical with the genuine variolous eruption, but generally from the third or fourth day of the eruption they undergo a remarkable modification, which is never seen in genuine small pox, whether discrete or confluent

In place of showing the secondary fever and of becoming surrounded by an inflammatory areola, they dry up without exhibiting these symptoms, and leave in their place scabs or cornaceous projections which fall by a sort of desquamation between the tenth and fifteenth days.

In discrete small pox there is cessation of the fever upon the appearance of tne eruption, but we see it return when the pustules begin to maturate, while in discrete modified small pox, even when maturation begins, which is unusual, there is hardly any febrile excitement.

In confluent small pox at the coming out of the eruption, salivation appears and is the great phenomenon of that form of the disease, when on the

fifth day there is swelling of face which goes on simultaneously with the appearance of tumefaction of the extremities until the ninth day, when it has attained its maximum. In the confluent modified disease salivation never occurs, swelling of the face is rare, and when it does appear there is no swelling of the hands and feet.

Anomalous or modified small pox generally has a favorable termination, but is not invariably a mild disease for it, like all maladies is liable to complications, neither is it rare for an individual to have several attacks. This condition was observed by me in a case of confluent nature some weeks since the man having passed through the same confluent form in Dixon, Ill., one year ago. Diemerbooek mentions having seen individuals take the disease three times in three months, and Borsieri quotes other similar instances among them one celebrated in history, that of Louis XV; who died of confluent small pox after having previously modified small pox.

Examining along historical lines to the first quarter of a century just passed except as modified by vaccination the existence of modified small pox was almost disputed. At the London Small Pox Hospital however cases were from time to time received until the beginning of the second quarter when evidence became irrisistable, epidemics were seen to strike vaccinated populations, which continues to prevail with the peculiar characteristics as in ages gone by.

Modified small pox in place of having like small pox, fixed uniform, and precise features presents essential differences from it and has no settled character. The disease in a word, after seeking to exhibit itself in the usual character of small pox, suddenly changes its manifestations and terminates in a rather abrupt manner, while in others it fails altogether to develop itself, even, although there has been neither antecedent small pox nor vaccination, the disease when it is contracted is modified.

As we have to do with a doctrine, in which theory is intimately associated with practice, and regarding which the holding of unusual conditions may lead to, and has lead to irrepairable mischief when confronted with contrary views we are led to inquire, what is the truth in this important question, and why the different results in this prevailing disease and that of natural small pox. Can we to explain, invoke assistance from morbid susceptibility? Is it to special states of the organism we ought to look? Shall we call in support of this question experiments like those of the Lyons commission? contra distincta pustula variola vesicum inflatum non male refert,—leves ad tactum—asperious ad tactum rudiores—in apice faveolam impressam gerunt; the reports of others after the methods of Thiele and Ceeley that the varieties are nearly akin? or is it to one of the many anomalous affections following in the wake of other diseases, as one of the anomalies of the epidemic influenza or otherwise; for it has been seen in conjunction with phthisis, bronchitis, pneumonia and in its irregular manifestations, even pregnancy may be mentioned as one of the anomalies of modified small pox.

* * *

Dr. Bertillon, as the result of an extensive inquiry, confirms his previously expressed opinion that biting the nails and similar habits are generally associated with degeneracy. The frequency of this habit varies greatly in different constitutions. In some, two or three out of every ten children are addicted to biting their nails. A careful examination invariably reveals signs of degeneracy. The children are usually less healthy in appearance than others, presenting deformities of the skull and anomalies of the teeth and ears.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS.

By M. S. Blanton, B. S., M. D., Baileyton, Tenn.

(Sixth Paper).

TYPHOID FEVER.

As typhoid fever is a disease in which the lesion is a congestion and ulceration of the glandulae solitariae and the agminated glands of Peyer, it should be regarded as a surgical disease. Deep down in the lower third of the ilium the destructive and irritating bacillus of Eberth establishes its domicile, and is nourished upon substances only too ready to ferment and increase with that prolific rapidity characteristic of germ life. In surgery the treatment is directed to keeping the wounded and exposed tissues aseptic, therefore the treatment of typhoid fever should be directed to the typhoid ulcer.

There has been a great deal of disagreement among physicians regarding the medicinal treatment of typhoid patients. It is said that Dr. Sangrado would bleed his patients for fever until they fainted from weakness, and then he bled them for the weakness. The modern Sangrado, in his drug treatment, first wrecks his patients by antipyretics and then tries to undo his work by the administration of strychnine, nitro-glycerin, beef extract, alcohol, strophanthus digitalis et. als. to restore tone to a heart he has paralyzed, to build up a system he has deliberately undermined. So wonderful is the vis medicatrix naturae that one-half to three-fourths of the patients survive in spite of the disease and the treatment. To rationally treat typhoid we must have our patient placed in an open, well ventilated room. We should remove all superfluous material such as carpets, pictures, etc. Place a tub in the sick room containing a pound of chlorinated lime; all linens soiled should be soaked in this for hours before being removed from the sick room. In another vessel, containing the same solution, the patient should void the feces and urine.

The food should consist of raw white of egg, freshly pressed fruit juice, richly creamed coffee, oyster, clam, turtle or other animal broths; a little rice may be added. Scraped raw beef or bovinine may be used.

Begin medicinal treatment by giving 1-6 gr. of calomel every hour for six doses, followed by saline laxative in teaspoonful doses repeated every two hours until all accumulated fecal matters have been carried off. If there is much pain and tenderness in the abdomen this may be relieved by colonic flushing with lukewarm water containing zinc sulphocarbolate, gr. v to the ounce. This can be easily done by attaching a Wales bougie No. 4 or 5 to a fountain syringe, placing the patient on his back with the hips slightly elevated and passing the bougie well lubricated in for its whole length. If the tip catches it can easily be disengaged by letting a little of the liquid flow in. Let the flow be gentle, only raising the reservoir a few inches above the outlet.

The next step is to render the alimentary canal antiseptic by giving the sulphocarbolates of zinc or soda in v

gr. doses or the W.-A. Intestinal Antiseptic every two hours until the stools are free from odor, then just enough to keep them so. When the stools are deodorized the fever falls one degree or more; the headache, bone and muscle pains, delirium, dryness of the tongue, nausea, anorexia, diarrhœa, borborygmi, become decidedly less, and marked amelioration in the severity of the attack is manifested.

The earlier in the attack this treatment is instituted the greater will be the number of abortive cases, while those not aborted will run a much milder course, the patient being out of the house and at work in about three weeks. Sponging the face and hands frequently with cold water is agreeable to the patient. The mouth should be washed out several times every day with aromatic antiseptics, like cinnamon water.

While I am strictly opposed to paralyzing the heart by administering coal-tar derivatives and then trying to counteract our ill-done work by giving heart stimulants, I do think the heart should be watched and the vascular tension carefully maintained by administering the dosimetric triad pro re nata.

Let us now review recent literature on the subject.

Anders speaks highly of the prophylactic inoculation with typhoid virus, also the cold bath treatment.

William Gilman Thompson speaks highly of the bath and gives full directions for its use.

Tirard relies on diet alcohol and speaks highly of Yeo's antiseptic chlorine water. He also mentions the use of benzoin by Potter, salol by Bromwell and carbolic acid by Quill.

Phillips relies on sublimate and salol with disinfectant enemas.

McReynolds and Blackburn found that hot mustard foot-baths reduced the fever greatly.

Lockard preferred the continuous ice-bag.

Platt has reported 103 cases of operations for typhoid perforation with 21 recoveries.

Since 1861 Brand's method seems to be gaining rapidly.

Phillips, Cohen, Wilcox, Billman, Waugh and Abbott recommend intestinal antiseptics.

Murray–Gibbes puts the patient in a continuous bath of cold air, the mattress being tubular and connected with hot and cold water pipes.

Thacker used carbolic acid in 79 cases, mortality 13.9 per cent. Beechwood creosote has been highly praised by some.

The following prescription has been used with good results by some:

Tinct. iodine, gtt. xvj.
Carbolic acid, gtt. xij.
Mucilage of acacia, ℥j.
Aqua, ℥iij.

Met. Sig. A dessert spoonful every four hours.

Dr. W. F. Waugh is preparing a book on the Practice of Medicine. It will be a very practical work and the alkaloids will receive proper attention in giving the treatment of the various diseases. This work on Practice will be different from anything yet published on the subject.

Dr. H. Hendley found that remittent fevers were frequently complicated by obstinate and rapid failure of the digestive powers. The temperature usually ranges from 1° to 2½° above normal; the pulse is soft, yielding, not excessively rapid, and atonic. The bowel discharges four to five times daily are very fluid. Digitalin and strychnine are given in these cases with excellent results.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

CAESARIAN SECTION.

At a recent meeting of the Minnesota Medical Association the scope of Caesarian section was discussed. Some advocated a more frequent and ready recourse to this dreaded operation. It was claimed that under modern surgical procedures it was not followed by a great mortality, that it was comparatively simple and safe and gave the best possible results for both mother and child. Symphysiotomy, while perhaps easier to perform by the general practitioner and in his hands less dangerous, in as much as it does not involve the peritoneum, has the disadvantage of slow convalescence and is too frequently followed by great inability, owing to delayed or non-union of the pelvic bones. Surgical skill is now more common than formerly and even in remote districts special surgeons can be reached in a short time. Craniotomy or dismemberment of the living child is to be condemned absolutely. In placenta praevia Caesarian section, if promptly undertaken, gives the best chance to mother and child, and may become the established procedure.

IMMUNIZATION AGAINST TYPHOID FEVER.

Marx and Pfeiffer of Germany, and Wright of the army medical school, England, have been experimenting with preventive inoculation against typhoid fever. The results and the value are yet doubtful. Wright inoculated at the Maidstone asylum ninety-five out of two hundred attendants. Of these none contracted the fever, while of the remaining one hundred and five, who were not inoculated, nineteen took the disease. At Khartoum of eight subalterms six submitted to inoculation, two declined. The six escaped, the two had typhoid. In the army medical service during the Boer war the protective power of the enteric toxin was tested in numerous instances. As a result it is stated that of those inoculated five and six tenths per cent. died, while among those not inoculated the mortality was fourteen per cent. But more extended trials and statistics are needed, before the value of the method can be determined.

A HOT WEATHER TOPIC.

The unprecedented, great and prolonged heat of last month has been productive of great calamity. In New York City alone, according to the newspapers, more than eight hundred persons succumbed. A disease, accompanied by such an enormous death rate, at least 33 per cent. according to Osler, deserves the careful attention of the medical profession. Perhaps the usual management of the cases is wrong. Without entering upon the different theories as to the true character of insolation we can say that the principal phenomenon is profound depression of both the nervous and circulatory systems. The increase of temperature, while at times enormous and alarming, is not the essential symptom, for it is variable and not constant, very grave cases having occurred without it. To direct treatment to the high temperature alone is just as faulty, as we have learned it to be in typhoid fever. The chief aim should be restoration of the tone of the central nervous and circul-

atory organs, of course giving due regard to thermic fever. The common method of packing the patient in ice causes a marked reduction of the superficial temperature, but adds to the depression of the central organs and the degree of heat in the interior of the body. By producing an almost tetanic contraction of the blood vessels of the skin it drives the heated blood into the deeper layers of muscles and the internal portions and interferes with a complete circulation, which alone can bring on the equalization and reduction of temperature. Certainly the tone of heart and nerves cannot be improved thereby. A real and uniform reduction of the body temperature is effected, when to the cooling off of the surface is added mechanical irritation, which overcoming the tonic contraction of the superficial blood vessels makes circulation brisker, lets greater amounts of the overheated blood come under the influence of the external cold, thus lessening the internal heat and heat production. Frequently interrupted washings of chest, face and chiefly the neck and throat with ice water will serve the purpose, if followed immediately by marked reddening of the skin. When this remains pale and cold, the whole body must be rubbed briskly with a towel wrung out in cool water. More effective is it to put the patient into a sitzbath, not cooler than 65 degrees for the beginning, and then rub with towels. Cooler water should be used only, when the temperature is extremely high. An easy and useful procedure is the enveloping the patient in a sheet wet in quite cold water. The whole body then is rubbed and slapped smartly with the flat hand, until the sheet becomes warm. If necessary, cold water can then be poured on again and the whole procedure repeated. After the patient is warmed up he may be left for one or two hours in the same sheet, when profuse perspiration will ensue. Douches, even from a common water faucet, are very effective. The latter may be used to advantage in the case of horses, overcome by heat in the street. But at all times there must be frequent interruptions, so as to give the skin time to become reddened. Hydrotherapeutic measures of this kind serve the double purpose of reducing the temperature and toning up the nervous and circulatory systems. Of course they may be at will supplemented by medicinal stimulants, such as are usually applied, the injection of alcohol or the hypodermic of strychnine, etc.

RELATION BETWEEN THE NOSE AND THE FEMALE SEXUAL ORGANS.

Dysmenorrhea is often the despair of the physician. No organic lesion, stenosis or such can be discovered, but all treatment, topical as well as constitutional, is ineffective. The patient drifts from office to office and sometimes into melancholia. A ray of hope for such cases may be found in a report in the Wiener Klin. Wochenschr. Dr. Arthur Schiff claims the discovery of two areas of mucous membrane in the nostrils which he calls genital spots, since they contain erectile tissue and become irritable during menstruation. By placing on these spots a few drops of a twenty per cent. solution of cocaine he has been able in thirty-four cases out of forty-seven of dysmenorrhea to cause absolute subsidence of pain in the hypogastrium as well as in the lumbar region, repeated at the different periods. The strength of the cocaine solution employed appears excessive. Very serious effects have been prouced by the use of materially weaker solutions on the nasal mucous membrance.

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J. P. THORNE, M. D., Editor.

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PUERPERAL ECLAMPSIA.

Considerable space in this number of the Recorder is devoted to the consideration of puerperal eclampsia, a subject the importance of which more than warrants the attention given it. Since the time of Hippocrates, physicians have combatted this fearful calamity of the puerperium, but always with a large mortality. Since the etiology of eclampsia has been better understood the mortality has been reduced from fifty per cent. to something less than twenty per cent. Dr. Achard's article represents much attention to the subject and careful research of its literature. Recorder readers will appreciate the benefit to be derived from the article. Dr. Ford's article gives a helpful report of a case from practice.

As we are closing the last form of this issue of the Recorder, we have received the last volume of International Clinics. In the volume is an important article, "The Treatment of Puerperal Eclampsia by Saline Diuretic Infusion, Based on Twenty-two Cases" by Robt. Jardine, M. D., physician to the Glasgow Maternity Hospital and president of the Glasgow Obstetrical and Gynecological Society. Every obestrician will find this article worthy a careful reading.

Dr. Jardine states that in many cases of pregnancy the nervous system is in a very unstable condition, probably because the nerve centers are not properly nourished by the hydremic blood of pregnancy. With this irritable condition of the nerve centers, any noxious substance retained in the blood will be apt to cause an explosion. He says, "I am inclined to think that the toxine is a chemical substance, the result of tissue metabolism in connection with the development and nourishment of the foetus in utero, which should have been cleared out of the woman's system by her excretory organs, especially by the kidneys."

Dr. Jardine mentions the usual remedies for eclampsia which he uses as indicated but he says he has had the best results from copious infusions containing besides the normal saline solution, large doses of either potassium bicarbonate or sodium acetate. Potassium bicarbonate is a poison when introduced into the blood directly, but the author has seen no poisonous effect when introduced into the cellular tissue; he uses one half drachm to the pint. Sodium acetate is not poisonous and he uses one drachm of it to the pint. He believes there is a prompt diuretic action from the use of these remedies, but normal saline solution alone has a very beneficial action by diluting the poison in the system and acting as a powerful stimulant, Dr. Jardine injects under the breast before delivery and in the relax abdominal wall after delivery; he says a pint can easily be run under any breast and he has put in three pints.

Of the twenty-two cases, three died making the low mortality of 13.64 per cent.; of these fatal cases, one died as the result of a perforating duodenal ulcer, another had double pneumonia and multiple ulcers of the stomach, and the third a degenerated condition

of the liver. In conclusion Dr. Jardine says: "The results to both mother and child are exceedingly good. Not a single case could have been called a mild one and some of them appeared hopeless; in fact several of the successful ones had been actually given up by the medical men who sent them to us. From a very large experience of eclampsia by many methods, I have no hesitation in stating that in my hands the saline diuretic infusions have given by far the best results."

SUBSTITUTION.

In all lines of enterprise substitution is one of the evils of the day. Although much has been said about substitution in the medical press, yet the evil is one which is increasing. Manufacturers of several leading pharmaceutical preparations, which are advertised only to the profession in an ethical manner, inform us that substitution is being practiced by druggists to such an extent as to be a serious matter with them. When a doctor specifies a certain preparation it is because he expects that particular remedy to help his patient and he should be sure the patient gets the remedy and not a cheap substitute. When a doctor finds that a druggist is substituting he should give him warning that he will expose him and if this does not stop it, he should tell his patients not to take their prescriptions to that pharmacy and tell them the reason. Another plan to stop substitution is for the local medical societies to keep lists of druggists who substitute. When a doctor was sure of a druggist substituting he could hand the name to the secretary of his medical society to go on the list. A local medical society could issue a regular "Bradstreet" report on the pharmacists of the community showing the standing of each in regard to substitution.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

HIGH ALTITUDE AND WEAK HEART.

At an altitude of even 4000 feet weak hearts labor at a disadvantage. For example, Mrs. B., who has suffered in years past with endocarditis, found herself today greatly short of breath although still able to be at her work. She has been frequently troubled in this way and was so bad at one time that it was necessary to take her to sea level in a hurry in order to save her life.

At towns like Leadville that are 8,000 to 10,000 feet above sea level a patient is as good as dead when he has the chill of pneumonia unless taken at once to lower level.

A favorite prescription with me for the weak heart and dyspnoea of high altitude is:

℞ Strych. arsen. (Abbott's) gran. $\frac{1}{30}$,
Digitalin (Abbott's) gran. $\frac{1}{67}$, ij.
Spartein sulph. $\frac{1}{5}$ gr.
Celery fl. ext., ʒss.
Capsicum fl. ext., m¼.
Aquae q. s. ad. ℥ij.
Sugar to taste.

M. Sig.: Take as one dose as hot as possible.

Really I have little use for the fluid extracts, but I find the fluid extract of celery to be very useful, particularly for the depressed condition after overwork.

Having practiced both at high altitudes and at sea level, it is very noticeable that people, particularly

women, age more rapidly the higher you get. Varicose veins and haemorrhoids also are more common; whereas consumption is almost unknown and malaria comparatively rare in the higher regions.

C. E. Boynton, B. S., M. D.
Sandy, Utah.

ICE AS A LOCAL ANAESTHETIC.

While Mr. H. was fitting a plate of glass in the front of a business house, the upper part of the glass broke off and fell across his arm just above the wrist and on the anterior (palmer) side. The part was severely cut. The radial vein and several small arteries were severed.

I had been out to see a patient and was passing the locality on my way home, and I had nothing with me but a pocket case of instruments. I procured a piece of muslin and bandaged the forearm near elbow very tightly to control the severe hemorrhage. A piece of ice was in the room, and I applied this to the wound to further check the bleeding.

He complained very much of pain when I began putting in the sutures. So I was in need of a local anaesthetic. I had used ethyl chloride to "freeze field" in minor surgery. None was at hand now; but there was a piece of ice in the refrigerator before me. So I applied a small cake of ice till the tissues were numb. Then the sutures were put in without pain.

The arm was now bathed in hot carbolized water and a dry dressing put on. The tight bandage near the elbow was left on a couple of hours and then removed and only slight oozing of blood followed its removal. Union by first intention followed.

Can any reader give us a good rapid acting local anaesthetic with none of the dangers of cocaine and that is not so expensive as ethyl chloride or so "perishable" as ice? Something that can be carried in a medicine case.

Henry Stein, M. D.
Altamont, Ill.

COLLECTIVE INVESTIGATION OF THE INFLUENCE OF THE SILVER NITRATE INJECTIONS ON PHTHISIS.

In 1892 the undersigned began a collective investigation of the action of cold in the treatment of acute pneumonia and there is reason for believing that this procedure which resulted in gathering four hundred cases of this disease thus treated, with a death rate not quite 5 per cent., was an important factor in calling attention to the utility of that treatment, and introducing it to the profession of this country. That research was based on the conviction that no remedy can be called truly successful until it has passed the exacting crucible of clinical experience, and it is now proposed to apply the same ordeal to the silver-injection treatment of phthisis, which in a large hospital, dispensary and private practice, reaching over a period of three years, and during which many thousand injeections were administered, has given me greater satisfaction than any other method that I have ever employed. In keeping with the above expressed feeling a cordial invitation is here with extended to those members of the profession who have the inclination and opportunity to investigate this method of treating phthisis and to whom a reprint on the subject with full information and blanks to report cases, will be cheerfully sent on application.

Thomas J. Mays, M. D.
1829 Spruce St., Phila., Pa.

Chronic vesical catarrh may often be successfully treated by irrigation of the bladder with a solution of permangate of potash—2 grs. to 1 qt. water.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

THE POCKET PHARMACY, With Therapeutic Index, a Resume of the Clinical Applications of Remedies Adapted to the Pocket-case, for the Treatment of Emergencies and Acute Diseases. By John Aulde, M. D. Second edition. Pages 220, cloth $2.00. D. Appleton & Company, New York, 1901.

The name "Pocket Pharmacy" would give the impression that this was a little pocket volume but such is not the case as it is too large for the pocket and the title refers to the pharmacy contained in the doctor's pocket case. The following remedies are the ones Dr. Aulde recommends for the pocket case:

Acetanilide compound:
℞ Acetanilide, 70 parts.
Caffeine, 10 parts.
Sodium bicarb. (C. P.) 20 parts.
Aconite, tincture, m ss.
Alterative pill:
℞ Pulv. opii.
Pulv. ipecac., aa gr. ⅛.
Mass. hydrarg., gr. ss.
M. et. ft. pil. no. j.
Arsenic sulphide, gr. 1-100.
Atropine sulphate. gr. 1-500.
Bryonia, tincture, m ss.
Calcium sulphide, gr. 1-10.
Calcium sulphide compound:
℞ Morphinae hydrochloras.
Pilocarpinae hydrochloras, gr. 1-200.
Calcii, sulphidi, gr. 1-40.
M. et. ft. pil. no. j.
Calomel, gr 1-20.
Camphor, saturated tincture, m ¼.
Cannabis indica, ext. gr. 1-20.
Copper arsenite, gr. 1-100.
Gelsemium, fl. ex. m ss.
Ipecac, gr. ¼.
Iron arseniate, gr. 1-25.
Mercury biniodide, gr. 1-100.
Morphine hdryochlorate, gr. 1-50.
Morphine hydrochlorate and tartar emetic, aa gr. 1-50.
Nuclein solution, m 48-150.
Quinine hydrochlorate, gr. ¼.
Rhus toxicodendron, tincture, m ss
Strophanthus, tinct., m ij.
Strychnine arseniate, gr. 1-100.
Trinitrin, gr. 1-250.
Zinc sulphocarbolate, gr. ss.

The author takes up each of the remedies and gives a good summary of its therapeutic uses. Under the various medicaments, which are themselves in alphabetical order, the diseases follow in like manner; and in referring to the different remedies for any particular disease, the latter will be found by running the eye over the list, which has been printed in bold-faced type.

The "Therapeutic Index" or "Index of Diseases" includes over 1000 references, and is arranged alphabetically throughout for convenience.

The therapeutic indications for the use of the remedies are very concisely presented and are the result of clinical experience. Recorder readers know that Dr. Aulde has something to say when he writes and they will find this book fully equal to what they would expect of him. It is a book which a physician will find frequent use for and which will be a great aid in daily practice.

THE MICROBE-PRODUCING-DISEASE-THEORY INCONSISTENT WITH THE LAW OF NATURE; HOW DISEASES ARE PRODUCED. A New Physiological Law Promulgated. By Prof. J. P. Schmitz, M. D.—Paper, 50 pages, 50 cents. Published by the Author, 3321 Twenty-first St., San Francisco, Cal.

The author claims that this book proves: What microbes are; that microbes exist in the most healthy body; that microbes cannot cause disease; that microbes do not consume materials in the body which the economy requires; that microbes do not attack healthy tissues; that the presence of microbes simply is not injurious to the body; that the decomposed matter contains the poison that causes disease; that no disease can be cured by killing the microbes simply; why microbes exist, and why they must exist; a new physiological law of nature not known before; that ani-

mal and vegetable life would have been extinct long ago, if it was not for the microbes; how diseases are produced; how auto-toxine (poison in the body) is produced; that malarial fever is not produced by microbes,—its cure; what becomes of quinine in the body and how it acts physiologically in curing disease; it makes known a very simple physiological remedy to cure tetanus and lockjaw, and many other interesting subjects.

The views of this writer will not be accepted by many physicians, but some of his reasoning is logical and the book makes interesting reading.

MODERN RESEARCHES, PHYSIOLOGICAL, PSYCHOLOGICAL, In Four Parts: The Problem of Sex; Drug Effects; Vernix Caseosa; Difficult Parturition. By Bayer, U. S., Author of "Maternal Impressions," "Studies of Life and its Variations" and "Child Study." Introduction by Geo. E. Bill, A. M., M. D., Member American Medical Association, Secretary American Electro Therapeutic Association, etc., and Henry B. Miller A. M., Ph. D. Edited by C. D. Miller, A. M., Ph. D., Member American Medical Association, etc. Cloth, 284 pages, $3.00. Scientific Publishing Co., 96 Fifth Ave., Chicago.

In his editorial preface Dr. Miller says of the book: "This work commends itself to all good thinking, God fearing people who have the destiny of their own progeny and the future of the human race at heart; for it not only is designed to teach the present parents how to live, but also to cast a mantle of protection around the unborn generations of the future."

The author has made a life long study of subjects treated and is very earnest and honest in his convictions, as any one can easily determine who has met him. He is glad to have physicians carefully read and criticise the work. To critics of his theories he says "Bite them with the acid of honest criticism and test them. Assay them in the crucible of scientific investigation, and sublimate them therein. Focus them in the white light of logic and reason. If they are false they will vanish. If true, they will endure."

The first section of the book reviews the theories of sex differentiation from Hippocrates to Schenk and presents some very sensible conclusions. The second section shows that many cases of congenital epilepsy, imbecility chorea, and other nervous diseases are caused by the mother taking drugs to produce, if possible, an abortion. The matter in this section would certainly do much good if read by expectant mothers. The third section is devoted to a consideration of vernix caseosa or smega embryonia, its production, the diseases it may cause and their prevention. The fourth section gives the author's views on difficult parturition, puerperal fever, puerperal eclampsia etc. their causation and prevention.

The ideas in this book are new and are worthy a careful reading by medical men. The author does expect all to agree with him in all his points but sincerely believes he has presented theories which will improve the race if observed.

BOOK NOTES.

An agreeable literary stimulant is the superb midsummer fiction number of "Success," which shows most delicate blending of the fanciful and the helpful. Five good short stories flavor such inspirational features as "How the Twenty-nine Immortals Started for the Hall of Fame," by Cyrus Patterson Jones, "Trifles which Lead to Fortune, "by Rufus Rockwell Wilson,

and other characteristic success articles.

An important literary enterprise under the direction of Dr. O. S. Marden, the editor of "Success," is now nearing completion. It is The Success Library, comprising six thousand pages, and one thousand, five hundred original illustrations, and ninety-six full-page plates in color. More than five hundred distinguished American and European writers have contributed the articles, which will be inspiring, practical, and helpful. The library is adapted to the home, office, school and college.

The appointment of Mr. William V Alexander as managing editor of The Ladies' Home Journal has been announced. Mr. Alexander went to Philadelphia a little more than three years ago to become Mr. Bok's secretary, which position he will continue to fill in addition to attending to his new duties. Going directly from school to enter the service of the "Boston Transcript," Mr. Alexander was attached to the staff of that newspaper for more than twenty-one years. During most of that period he was the city editor; and he held that position when he was invited to go to Philadelphia. For some years Mr. Alexander was the president of the Boston Press Club and several other local newspaper organizations, and the vice-president of the International League of Press Clubs.

The August complete novel in the "New" Lippincott Magazine is by an author comparatively unknown, this being her first long story. She is Ina Brevoort Roberts and she lives in New York, where the scene of her novel, called "The Lifting of a Finger," is laid. The August Lippincott is entirely given up to idle-day fiction which does not tax the brain, but diverts and stimulates the mind, causes many a laugh, and leaves an impression of time well spent in the society of Owen Wister, Cyrus Townsend Brady, Paul Lawrence Dunbar, and others not so well known but whose work is distinctly original and full of promise. The "Walnuts and Wine" Department is conceded to be the brightest thing of the kind to be found anywhere. This department for August contains clever sketches by Caroline Lockhart ("Suzette"), Charles McIlvaine, Chauncey Hickox, E. P. Howe, and others.

The World's Work for August gives up most of its space to the Pan-American Exposition—making a large and handsome souvenir number. The description and interpretation of the Exposition, within and without, are strikingly interesting and valuable. Mr. Walter H. Page, the editor of the magazine, gives a vivid picture of the outside of the fair—the spectacle, the illumination, the architecture, sculpture, and color, and the cosmopolitan crowds that visit Buffalo. Charles H. Caffin writes of the significance of the Exposition as a work of art. The Wonderful Story of the Chaining of Niagara—how the power from the Falls runs nearly everything in motion on the grounds, is told by Orrin E. Dunlap. Striking examples of the industrial advance of the years since the Chicago Fair, as illustrated in many interesting exhibits, including electricity, machinery, manufactures, agriculture, horticulture, ordnance, printing, transportation, the varied government exhibits and others are written of by Arthur Goodrich. Mary Bronson Hartt tells about the Midway, and its attractions. Most striking, also, in this magazine are the many illustrations of the Exposition—nearly one hundred in all—made from photographs by C. D. Arnold, A. R. Dugmore, W. H. Lyman, A. W. Simon and others.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Methyl Alcohol Blindness.—The toxic properties of methyl alcohol are well known, but recently several case reports have called attention to the fact that it may be a cause of sudden blindness. The common use of wood alcohol makes it advisable to question patients coming with histories of sudden blindness, regarding the previous use of alcohol. The poison may enter the system not only by ingestion but also through the lungs and cutaneous surfaces.

Dr. W. A. Newell.—Wm. A. Newell, M. D., died at Allentown, N. J., August 9, aged 82 years. He was especially well-known as the originator of the life-saving service of the United States. He graduated from the medical departmeut of the University of Pennsylvania and was in active practice all his life except when holding public office. He was a member of congress for a number of terms and was governor of New Jersey for three years and held other high positions. While a member of congress he originated the life-saving service.

Puerperal Eclampsia.—Dr. Lyle, in the British Medical Journal, writes on puerperal eclampsia and gives three principles in the treatment of the condition: (1) The purifying of the blood; (2) to control the convulsions; (3) the emptying of the uterus.

Diuretic infusion (hypodermoclysis) is a valuable addition to the usual treatment adopted for purifying the blood (purgatives, enemata, diaphoretics, vapor baths, diuretics, etc.), but it has no immediate effect in controlling the convulsions, nor has it any effect on the action of the uterine muscle.

In order to control the convulsions in eclampsia, it is necessary to allay the irritability of the cerebrospinal system; morphine, chloral, veratrum viride, and chloroform have all been used. Chloroform is undoubtedly bad, as its action is very temporary, and very depressing to the patient; the action of chloral and veratrum viride is more lasting, but they are both cardiac depressants, while morphine judiciously given is quite free from any disadvantage, and has the following advantages:

1. It controls the convulsions by allaying the irritability of the cerebrospinal system.
2. It prevents excess of waste products being thrown into the blood.
3. It does not weaken the patient.
4. It does not injure the child.
5. It has no effect on the kidneys.
6. When the patient is under its influence labor often commences, and quickly terminates without causing more convulsions.

Constipation.—Dr. M. O. Terry, of Utica, N. Y., is one of the practical medical men of the day and a pointed writer on medical topics. In an article in the Medical Times, on constipation he says of its treatment:

The question of diet is a most important one, as is also exercise. No absolute diet can be laid down for all cases, as idiosyncrasies are to be always considered. Water in sufficient quantity, fruit, the cereals with cream, proper exercise, such as has been taught in school, carried out systematically, deep breathing and a few

calisthenic movements, with which you are all familiar—not forgetting massage—should remove from everyone that malady, which, by some, ever demands that old pill box of ancient practice, or the cathartic waters of modern times.

Lastly, a case of chronic constipation may have existed for so long a time as to cause a permanent contraction of the sphincter as well as dilatation of the lower bowel. This might demand a stretching of the muscle, or in a diseased hemorrhoidal condition, wherein the peripheral nerve fibers, in connection with diseased hemorrhoidal tissue exists, an operation by excision of the diseased tissues.

Summer Complaint. — Dr. Louis Fisher contributes an article on this subject to the International Medical Magazine. The following is the treatment he recommends:

No matter whether the infant is breast-fed or bottle-fed, milk must be stopped—at least twenty-four to forty-eight hours. A thorough cleansing of the gastro-intestinal canal from the mouth to the anus must be insisted upon. Thus one prefers mist. rhei et soda, while another advises castor oil, and others use calomel.

One of the best medications is:

(1) A teaspoonful or two teaspoonfuls of castor oil, followed in two or three hours by:

℞ Magnes. sulphat.,
Syr. rhei arom.,
Aqua foeniculi.
M. D. S.

Teaspoonful every three hours until yellow stools are produced.

Large quantities of water should be given to quench thirst and also to add to the volume of liquid in the circulation—owing to the devitalization caused by liquid stools.

Salt Water Enema. To cleanse the colon, an ordinary rectal soft rubber tube (number 6-10) is anointed with glycerin or vaselin and gently pressed into the rectum; the rectum is then thoroughly flushed with lukewarm (80 to 100) deci-normal salt water solution. Several quarts should be used. The tube should be gradually pushed through the rectum into the colon. In this manner a double benefit is obtained, namely: First, flushing and thorough cleansing of the parts; secondly, the absorption of salt water is accomplished.

Hypodermoclysis. This is a simple method of introducing by hypodermic means ordinary sterile salt water solution. This can be carried out in every household where a fountain syringe exists. It is only necessary to adjust a long, sharp pointed hypodermic needle (anti-toxin needle) to the rubber tubing connected with the syringe. Nothing is so stimulating to an enfeebled heart, nothing will stimulate the circulation of the blood quicker than this method of salt water infusion. Hypodermic injections of camphorated oil 10-15 minims per dose, repeated every two or three hours, if necessary, should not be forgotten.

Bovine Tuberculosis. — Professor Koch startled the recent British Congress of Tuberculosis by announcing that he believed there was little danger of human tuberculosis resulting from bovine tuberculosis. This opinion has been rejected by scientific men all over the world as all evidence is to the contrary. Dr. Leonard Pearson, dean of the veterinary department of the University of Pennsylvania and state veterinarian, in an article in the Philadelphia Medical Journal, says: In the face of the fact that the bovine bacillus is constantly more virulent than the human bacillus for experimental animals of so widely different species and habits of life, it does not seem safe to conclude be-

cause the human bacillus is not especially virulent for cattle that the bovine bacillus is nonvirulent for man. Koch has said that this question could be settled positively only by the impossible expedient of inoculating a person with bovine tubercle bacilli. But it has happened that such inoculation has already occurred accidentally in several instances. A number of men have contracted tuberculosis and several have died from infections sustained in making postmortem examinations on tubercular cattle. These accidental cases show beyond peradventure that the bovine tubercle bacilli may under some conditions be virulent for man. With evidence of this sort before it, the British Congress could do little else than it did in recommending the continuance of all official and private efforts to repress tuberculosis of cattle and the institution of a thorough scientific inquiry into this whole subject of the relation of human and bovine tuberculosis.

Tabes—Some remarkable results have been obtained in the treatment of locomotor ataxia with the Roberts-Hawley lymph. Cases which were helpless and which no treatment would benefit, have made wonderful improvements. Dr. D. R. Rogers reports the following case in the Journal of the American Animal Therapy Association: The case is still under treatment and one of advanced locomotor ataxia. The patient is 38 years old, a telegraph operator. His disease is of eight years' standing. Before treatment had been a hard drinker. He first noticed paralysis of external rectus of right eye. Then ensued incoordination of hands, gastric involvement of feet and legs. When treatment was begun, March 16, he was almost helpless. Could not walk without assistance, had to be dressed and undressed and nearly everything had to be done for him. Severe tabetic pains. He was about to give up his position because of inability to write out the messages. His hands and arms were scarcely anything but bones, even the muscles being decidedly atrophied. His feet and hands were extremely cold all of the time; this symptom was unusually severe and constant. He was scarcely able to leave his room. He could not go into a room adjoining one lighted without assistance. Totally helpless in even relative darkness. If he attempted to close his eyes he would fall instantly, as if struck with a hammer. His pulse was scarcely perceptible, vision impaired, and his entire condition was hopeless in the extreme. Heart dilated and incompetent. Results: In three days after beginning to use the lymph he noted improvement in his vision. He does now nearly everything for himself. Walks on the street every day, when the weather permits, fully one or one and a half miles. Can stand erect several minutes with his eyes tightly closed and without any support. He has been free from pain for nearly five weeks. His hands are becoming natural in size and strength. Hands and feet warm and comfortable. Before treatment circulation in extremities was extremely depressed. His muscles are filling out and his veins are prominent. Legs are constantly growing stronger as coordination returns. He feels well and in every way his improvement is most encouraging. He often speaks, "How well I feel." I shall report this case later in greater detail. How rare were such reports as this one until the advent of the new animal therapy.

Adenoids.—Dr. H. Campbell has some views on adenoids different from those usually accepted, but very

plausible. He says: Dr. Stuart, on the above subject, suggests an effectual way of preventing recurrence after removal to be dumb-bell exercises for at least a quarter of an hour every day in front of a looking glass, keeping the mouth firmly closed during the exercises, and so forcing nasal breathing. I desire to point out that this statement is in entire harmony with my own view regarding the causation of adenoids, which I believe to be imperfect use of the jaws and their appendages from the practice of feeding children on the pottle and on soft, pappy foods. In consequence of this the circulation of blood and lymph in the tissues of the mouth, pharynx, and nasopharynx is not duly stimulated, and the door is opened for adenoids and kindred affections. I venture to suggest that Stuart's plan, above referred to, achieves the good effect in a large measure by bringing about firm closure of the jaws, dumb-bell exercises tending to force the jaws closely together, doing in fact what the mastication of hard foods does. Were we to feed our children on a rational plan I have little doubt that we should practically do away with adenoids.

Two Questions.—The editorials in the World's Work always indicate clear perception and good judgment. The following is an extract from a very sensible editorial on Christian Science in the August issue: Now if there is any subject about which definite knowledge has been gained during the last few decades, it is the nature of human diseases. Many diseases are as clearly understood as anything is or can be understood, and the best medical treatment has kept pace with medical knowledge. So rapid has been the practical advance in medical, and especially surgical, efficiency that this progress shares with electrical progress the distinction of making the greatest practical revolution of recent times. Yet within the last ten years there has been in the populous and most intelligent communities in the United States such an organized revival of faith in miraculous healing, in healing by prayer, as has caused the growth of a religious sect that bids fair to outnumber some of the long-established churches of Protestantism. Such a sect—for the doctrine is as old as Christianity—suggests two inquiries: Have any of even the most elementary facts of modern science found their way into general knowledge, through the public schools or through any other channel? Or are we yet in that stage of development where the religious faith of men is still wholly detached from their intelligence?

Surgical Shock.—Dr. W. M. Wright, of Indianapolis, in a paper of some length on Surgical Shock, in the Indianapolis Medical Journal, says: The condition is one requiring prompt recognition and decisive treatment, with the idea of stimulating and sustaining the organs of circulation and respiration, as well as other important organs of the body. Maintenance of the normal temperature is an essential factor in treatment. Control of vaso-motor spasm should be attempted and secured if possible. Determination of blood to vital parts which have been impoverished is a mechanical aid. Equalization of the circulation should be induced. Early and persistent attempts at compensation for loss of blood should be made by infusion or transfusion, or by the injection of fluids into the cellular tissues. The susceptibility to infection can be lessened by protecting exposed tissues —infection being to some extent an element of causation. Reaction is to be established gradually and with care,

to prevent the danger of over-stimulation to the vital organs.

Iodism.—Dr. W. H. Morse reports (Southern Clinic for May) success in the use of bromidia, which he says has proved corrigental of iodia. Discussing his results he says: Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom, for this symptom bromidia is remarkably effectual. We have all employed the remedy for cholera and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.

Locomotor Ataxia.—The poor results derived from the treatment of tabes is often due to the fact that an early diagnosis has not been made or that patients do not apply for treatment in the early stages of the disease. Erb (Med. Wochenschr.) details a series of cases which had all been preceded by symptoms of secondary syphilis, some as far back as twenty-four years. In one group of cases the tendon reflexes were normal even after four to seven years' duration of slight lancinating pain, bladder insufficiency, sensory disturbances, easy fatigue, slight pupillary sign and "Rhomberg's Symptom." A second group presented no subjective symptoms whatever, and but very few and almost unnoticeable objective symptoms. Still another group was attended by marked gastro-intestinal disturbances, not typical of tabes, and with bilateral paresis of the sixth nerve and pupil sign. Another insists on the necessity of always investigating the knee-jerk and pupil reflex in suspected cases. Tabetic symptoms with an antecedent syphilis are always serious. Absence of a syphilitic history does not establish the existence of tabes, even though some symptoms may exist. For the pains in tabes dorsalis, antikamnia and salol tablets have been found most excellent when given in doses of two tablets every two or three hours. The antikamnia acts particularly upon the spinal cord and its sensory tracts, and consequently takes the place of opium and its alkaloids so often used to relieve patients subject to these attacks. The favorable effect of salol in this and similar conditions is well-known.

Syphilitic Fever.—Osler has recently given considerable attention to syphilitic fever, which is a disease, of frequent occurrence and often unrecognized. Dr. Futcher reports some of Dr. Osler's work in this disease in the New York Medical Journal. He says the fever may present any one of the following three clinical types of fever.

1. A mild continuous pyrexia where the temperature ranges in the neighborhood of 101° F. Osler states that this type is not uncommon in the fever which ushers in the constitutional symptoms.

2. A remittent type of fever, with morning drops towards normal and evening exacerba-tions. This, as already stated, is considered the usual character of the fever of invasion.

3. A definite intermittent fever. This is the most remarkable form of all kind and is the type which

is most likely to lead to error in diagnosis. Syphilitic fever, although usually a secondary manifestation, may occur late in the disease. The febrile diseases for which such a fever is only too often mistaken are malarial fever, typhoid fever, tuberculosis, and sepsis. Where general pains and joint-pains accompany the fever, the diagnosis of rheumatism may be made.

He calls attention to the following points regarding syphilitic fever:

1. In all cases of fever of obscure origin the possibility of it being syphilitic should be borne in mind.

2. Experience has shown that physicians of reputation, as well as those of limited experience, are prone to mistake the condition for one of the acute specific fevers.

3. The affections for which syphilitic fever is most often mistaken are malaria, typhoid fever, tuberculosis, sepsis and occasionally rheumatic fever.

4. The fever may occur as early as four weeks previous to the appearance of the secondary skin eruption, or, what is of greater importance, late in the disease after tertiary manifestations have existed probably for years. In one case it occurred twenty-nine years after the primary lesion.

5. The fever may be continuous, remittent, or intermittent. The remittent type is regarded as the most frequent form in the fever of invasion. The fever is often associated with chills and sweating.

6. Careful examination of the long bones and viscera for evidences of tertiary lues should be made in all cases of fever of obscure origin.

Hydrotherapy.—The value of baths in the treatment of disease is invaluable and when properly given baths add much to efficiency of other methods of treatment. Dr. J. H. Kellogg, in an article in Modern Medicine, gives some of the principles of hydrotherapy and says: The value of water as a therapeutic agent depends upon its efficiency as a means of producing thermic impressions. Whatever agent affects the heart-producing process of the body, affects likewise, in a most pronounced degree, all the vital processes. As Lubansky has said: "To touch calorification is, in a certain sense, to touch the springs of existance; and disturbance of the heat-making functions of the body produces a corresponding disturbance in the most important functions of the system. It is to create the necessity for repair, and to impress directly and profoundly the general nervous system." The most important organic changes induced by thermic applications of heat and cold, may be briefly summarized as follows:

1. Elevation of body temperature by hot applications is accompanied by increase of metabolism.

2. A fall of temperature resulting from an application of cold is accompanied by decreased metabolic change.

3. Short cold applications cause rise of temperature and increase of metabolism.

4. Prolonged cold applications cause fall of temperature and diminished metabolism.

5. Short hot applications cause fall of temperature with diminished metabolism.

6. Prolonged hot applications cause rise of temperature and increased metabolism, especially in increased oxidation of albumin.

7. No disturbance of metabolism occurs as the result of baths at neutral temperatures, or while the body temperature remains normal.

8. Strasser showed increased alkalinity of the blood after cold baths, and diminution after hot baths.

9. Jardet has shown that the acid-

ity of the urine is decreased by warm baths, and may even become alkaline.

By suitable local or localized applications, it is possible to modify the function of any and every organ of the entire body, in three ways: (1) by influencing the capacity of the blood-vessels, of a part, and thus controlling the volume of blood present in it at any given moment; (2) by increasing or diminishing the activity of the small arteries and capillaries, thus increasing or diminishing the amount of blood circulating through the part; (3) by increasing or diminishing the excitability and activity of the living cells upon which the functional activity of the part depends.

Mushrooms.—As mushrooms are becoming more popular as an article of diet, it is well to give some attention to their value as food products. A careful study reveals the fact that they are not as nutritious as is popularly supposed. The Yale Medical Journal says regarding them: Mushrooms contain large, but variable amount of water, the common field mushroom containing about 92 per centum. They also contain small amounts of fat and of cellulose, and considerable amounts of soluble carbohydrates of several kinds, but not including starch. The chemical composition clearly shows that mushrooms are to be compared in nutritive value with the green vegetables, cabbages turnips, and the like, rather than to meat or fish, as has been common. If the past inaccurate notions of the food value can be held no longer it is yet true that they may occupy an important place in our diet as accessories, and as flavoring agents. Their use in these capacities will surely increase in this country as the varieties become better known to our people, although the abundant food supply in this country is an argument against the idea that they will assume the important place here that they do in the dietary of certain classes in continental Europe. Concerning the toxicology it may be said that there is much to be learned, and that much found in the older books is clearly inaccurate. Most of the varieties of mushrooms, or toadstools, are now known to be harmless; some habitually, or usually, contain acrid or irritating substances of unknown composition, which are capable of producing acute gastro-intestinal irritation without producing general systemic poisoning. A few species usually contain highly toxic constituents which produce profound systemic poisoning. Muscarin is the best known of these bodies and occurs in several species of the genus amanita, as in the common A. muscaria and A. phalloides, It has been described as occuring in some other genera. The cardiac depression caused by muscarin is promptly antagonized by atropin, but the more profound disturbance of the circulation coming on late in poisoning with the amanitas, especially with phalloides and verna, is uninfluenced by atropin, and appears to be due to the action of some unknown toxic bodies, possibly proteid in character. There is no antidote as yet known to be efficient, but the conditions indicate the use of saline injections, strychnine, moderate stimulation with alcohol, and suprarenal extract. As the toxic properties of the well-known poisonous varieties vary with different conditions of growth so we must recognize the possibility that some of the species usually innoxious may become toxic under favorable conditions of growth, or possibly in certain stages of development or decomposition. As poisoning with mushrooms may become more common with their increased use, cases should be carefully observed especially with reference to the varieties used.

BRIEF MENTION.

The industrious man wins.

Do you use quinine? Then you want Dad's.

When you want a true and reliable peroxide preparation, use hydrozone.

Have confidence in yourself and your patients will have confidence in you.

When you treat diabetes you need arsenic and only the best and that is arsenauro.

Success is simply a complete "correspondence with the environment" Robert C. Auld.

The Wheeler Chemical Works offer free samples of noital to our readers. It is well worth trying.

The Alma is a sanitarium to which you can send patients and be sure that they will be properly treated.

When you buy a new instrument get it of Sharp & Smith and you will get something worth buying.

Do you wish to cure any cases of morphine habit? If so write to the Dr. Koonse Co., Lafayette, Ind.

The Globe nebulizers are very satisfactory. Before you buy a nebulizer you should get the Globe price list.

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It will pay you to write to Dr. W. H. Gray, Michigan City, Ind., regarding his tapeworm specific. It is unexcelled.

High authorities on therapeutics recommend Dr. Becker's compound digest. Recorder readers can have free samples.

Of course you use antikamnia, but do you use laxative antikamma tablets? If not send today for free samples and try them.

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The uses of the maltzyme preparations are too numerous to mention but they can always be relied upon to be as represented.

Strontium bromide is superior to potassium bromide especially in cases where a bromide is needed for some length of time.

Chloroform will remove the odor of iodoform from the hands but a better way is to use iodomuth and there will no odor to remove.

Use Dr. Towns' epilepsy treatment and cure your epilepsy cases. Write to the doctor at Fond du Lac, Wis., and he will tell you all about it.

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If you are not using in treating summer troubles the remedies of the Abbott Alkaloidal Co., you should send at once for a supply. Samples free.

When you use formaldehyde you want a pure and reliable preparation. If you get Leininger's solidified formaldehyde you will be sure of a good article.

Scrotal eczema is a very annoying and obstinate disease, but lanikol will cure it. Those of our readers not using lanikol should send at once for a sample.

Buy your goods of the H. M. Merrell Co., Cincinnati, and you will get reliable preparations and will save money. It will pay you to send for the latest price list.

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Do you want to buy or sell a practice? Write about it to the American Medical Agency, St. Louis, Mo.; thats thier special business to assist physicians who wish locations.

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The M. J. Breitenbach Co., 53 Warren St., N. Y., representatives of Gude's pepto mangan, most cordially invite all of the medical profession when visiting New York City to make their office a business home.

You sometimes want a good remedy for nervousness, something that will be soothing and tonic to the patient and yet not be harmful if administered for a prolonged time. Passiflora incarnata, Daniel's, is just such a remedy.

We have used the various specialties made by T. C. Morgan & Co., New York City, and have found them to be reliable and efficient. Every doctor who dispenses his own medicines should keep all their preparations in stock.

The International Journal of Surgery says Hagee's cordial of cod liver oil compound is one of the most popular cod liver oil preparations on the market. All the nutritive properties of the oil are retained and the disgusting and nauseating elements are eliminated. It offers to the profession a reconstructive of great value. It is easily digested and assimilated, and as a builder it has not an equal.

SOCIETY ECHOES.

CENTRAL WISCONSIN MEDICAL SOCIETY.

The regular meeting of the Central Wisconsin Medical Society was held at Madison July 30 with a good attendance. The following officers were elected: President, Dr. J. A. Jackson, Madison; 1st Vice President, Dr. E. C. Helm, Beloit; 2d Vice President, Dr. M. T. Martin, Merrimac; 3d Vice President, Dr. S. R. Moyer, Monroe; 4th Vice President, Dr. L. V. Lewis, Sun Prairie; Sec. and Treas., Dr. C. S. Sheldon, Madison; Censors, Dr. C. A. Rood, Reedsburg; Dr. W. F. McCabe, Beloit; Dr. W. H. Palmer, Janesville, and Dr. T. W. Evans, Madison. The next meeting of the society will be at Reedsburg, October 29th.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The American Electro-Therapeutic Association will hold its eleventh annual convention in Buffalo on September 24th, 25th and 26th, 1901. Its headquarters will be at Hotel Niagara, and its place of meeting, at the Armory of the 74th Regiment. Dr. Geo. E. Bill, Harrisburg, Pa., is secretary of the Association.

FOX RIVER VALLEY AND NORTHWESTERN SOCIETIES.

A joint meeting of the Fox River Valley Medical Society and the Northwestern Medical Association was held Aug. 13th at Waupaca, Wis. A profitable and pleasant meeting was held at the summer hotel, Grand View, on the beautiful Chain-o'-Lakes.

AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS.

The American Association of Orificial Surgeons will hold its next annual meeting in Chicago, September 18th and 19th, 1901. Lectures and papers have been promised by some of the most prominent medical men of the country. The discussions will be lively and interesting and one's knowledge of the work will be brightened and widened. Due attention will be given to preparatory work, and fundamental principles thoroughly expounded and illustrated by some of the brightest surgeons of this country. W. E. Bloyer, M. D., Cincinnati, Ohio, is president, and Henry C. Aldrich, M. D., Minneapolis, Minn., is secretary of the Association.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The next annual meeting of the Mississippi Valley Medical Association, under the presidency of Dr. A. H. Cordier, of Kansas City, bids fair to eclipse all previous ones in attendance as well as scientific merit. Unusual railroad rates have been obtained for this meeting—a one-fare rate by way of Cleveland, which will enable those taking advantage of these rates to obtain an extension of tickets to October 8th for attendance upon the Buffalo Exposition. A one-and-a-third fare rate on the certificate plan will be in effect via Detroit, Sandusky and Toledo, with extension of return limit for only three days after the meeting. Put-in-Bay is an ideal place of meeting, the Hotel Victory a magnificent meeting site. The address in Medicine will be made by Dr. Frank Billings, of Chicago; the address in Surgery by Dr. Reginald Sayre, of New York City. The Association is to be congratulated on the selection of these two orators, who will acquit themselves in a most scholarly manner. The annual banquet will be held on the evening of the first day, September 12th; on the second evening, an evening will be given up to the reading of several papers with stereopticon exhibits and demonstrations.

THERAPEUTICS.

DIARRHEA.

By M. Loewenkopf, M. D., New York.

In the early part of July last I had under treatment an obstinate case of summer complaint in a child of about three years of age. All approved means of therapeusis, medicinal and dietetic, availed little. The child continued to have watery and frequent stools, and grew weaker and thinner with every passing day. I was about to give it up in despair when an article on tannopine in the treatment of diarrhea came to my notice, which impressed me so favorably that I decided to give this drug a trial. And a true friend it proved to be. I started with three grains every two hours for the first two days, increasing the interval between the doses during the subsequent days, until it was given only three times daily. Improvement was noticed on the third day, progressing steadily, until at the end of two weeks the stools became normal in consistency and frequency, when the drug was discontinued permanently, the child recovering its weight rapidly under nourishing diet. No outward effect was noticed at any time during the period. Cases of this kind could be cited in sufficient number to weary the most patient reader, but one instance is too good to be passed over in silence. When my faith in tannopine had become fully established, I usually expected improvement on the third day at the latest. Having been called to a child suffering from summer complaint, I prescribed tannopine in emulsion, and awaited results. The child, however, did not mend. Disappointed, I increased the dose, and when I called again asked to see the medicine. To my surprise and chagrin I found it to be white instead of coffee-brown, a clear case of substitution, and therefore "substituted" another druggist with most happy results.

The author reported a number of his successful cases in the Carolina Medical Journal for May.

HAY FEVER.

The season in which hay fever prevails is again at hand and its victims are seeking relief from the discomfort and, oftentimes, extreme suffering which it causes.

This very distressing malady makes its appearance regularly in almost every section of the United States and Canada, though there are a few locations which are entirely free from it; and to these places, those who are able to do so, go for relief. But there are thousands of sufferers who are unable to leave home or business and are obliged to seek relief from other sources. There are few physicians in active practice who have not been appealed to for relief from the distracting symptoms of hay fever, and the problem is often a very perplexing one. The following formula has been found very useful in a large proportion of cases, permanent results being secured in a great many instances.

℞ Chloretone, grs. xl.
Quinine hydrobromat, drs. ij.
Camphor monobromat, dr. j
Cocaine muriate, grs. xv.
Balsamol, (Globe) ozs. iv

M. et Sig. Use with a nebulizer repeating the application four to six times daily.

This combination of remedies produces a sedative and tonic effect both local and constitutional, while the balsam vehicle being deposited on the moist mucous membrane acts as a protection against irritating substances. Those who are interested can obtain further particulars by writing to the Globe Manufacturing Co., Battle Creek, Mich.

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LEADING ORIGINAL ARTICLES.

OTOMYCOSIS,

WITH TWO CASES.

By Fletcher Gardner, M. D., Bloomington, Ind.

Otomycosis is one of the rarer forms of ear disease occurring only 71 times in 10412 cases of ear trouble compiled by Minor[1] from American sources. This gives a ratio of 67-10000 per cent. The occurrence of two cases of this kind in as many weeks, each with a different fungus, adds interest to the subject. Other figures drawn mainly from European publications[2] are much higher; Bezold reports 1 per cent.; Hedinger 0.5 per cent,; Burkaer 0.1 per cent.; Burkhart-Merian 0.3 per cent,; Knapp 0.1 per cent.; Marian 0.3 per cent.; Gruber 0.1 per cent.; Roosa 0.4 per cent.; Shaw-Blake 0.1 per cent.; Lucae 0.09 per cent.; Schaller Troelsch and De Rossi 0.0 per cent.; Barclay[3] states that the above figures are probably too low for the "better classes" owing to the using of sweet oil and similar substances before consulting a physician.

It is said almost always to be associated with an otitis but rarely with a purulent otitis. This was true of both my cases. The symptoms are said by some authors to be quite severe in certain varieties, but neither of my patients complained of anything more than discomfort. Trauma was an element in both cases.

Case 1. Referred to me by Dr. Hamilton of Clear Creek, Ind. Mr. J. F., aged 58, applied to Dr. Hamilton about a week previous to my examination of him, to be relieved of a moth or other small lepidopterous insect which had flown into his ear a day or two before. The patient had made strong efforts to remove the insect, using the head of a pin which wounded the canal till it bled. Dr. Hamilton very skillfully extracted the intruder with forceps and considered the case closed.

A week later the ear was discovered to be entirely deaf and the patient was referred to me. Examination showed the external canal to be filled with a black necrotic looking mass of very puzzling appearance. As much as possible was removed with forceps, curette and syringe and the patient was requested to return after a couple of days, diagnosis being reserved. Considerable redness and tenderness of the canal were also found.

At the second visit the appearance was typical of otomycosis and very pretty, consisting of the pure white hyphae powdered with yellowish spores. I collected some of the growth and made cultures which were later identified by Dr. R. E. Lyons, professor of bacteriology in Indiana University, and C. A. King, instructor in mycology in the same institution, as aspergillus flavescens. This form has never been met with in this country as an aural parasite, but has been reported from Russia by Wreden[4], and from Germany by Gruber[5].

At the second sitting the growth was removed in the manner before described, and the instillation of a saturated solution of boric acid with 5 per cent. salicylic acid in 50 per cent. alcohol twice daily was begun. After one week hearing was entirely restored and there has since been no relapse, although nine months have passed. The boro-salicylic fluid caused some pain, not very severe in character, but as a fungicide was certainly very effective.

I then made a short series of experiments to determine whether mould spores which are supposed to be almost ubiquitous could be found within the ear. To this end I inoculated 25 culture tubes from normal and diseased ears of people of all social grades including several laborers who were working in a basement whose walls were covered with mould. All were negative, with the exception of

Case 2. Mr. D., teacher; has slight eczematous condition in the external meatus, scaly where undisturbed and weeping where irritated with the ever ready pin. Cultures from this ear show a growth of sterigmatocystis olivaceus, according to Messrs. Lyon and King, and scales from the ear show vegetative and fruiting hyphae of the same. This form of sterigmatocystis has never hitherto been described as occurring in the ear, so far as I can learn. The patient was so little discommoded that no treatment was undertaken.

In concluding, I must acknowledge my indebtedness to Dr. Lyons and Mr. King, and also to the director of ihe Mycological Laboratory of Harvard University for aid in identifying specimens.

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PHLEGMONOUS ERYSIPELAS.

By F. E. Walker, M. D., Worthington, Minnesota.

In a phlegmonous erysipelas we have to deal with a disease which appears to resist all forms of treatment, and which rapidly wears out the patient, and causes much anxiety upon the part of the attendant. The fact of its being a rare disease gives us some comfort. Like erysipelas of the face it runs a fairly typical course and in a majority of cases ends in a recovery.

It is chracterized by an acute specific dermatitis, inflammation of the smaller lymph channels and of the subcutaneous cellular tissue. It starts from an infected wound, the erysipelo-coccus having gained entrance, and either at time of inoculation, or subsequent to accident, other micro-organisms have gained a foothold and the double infection manifests itself by an increased severity of all the symptoms of heat, redness, pain and swelling.

In true erysipelas the inflammatory process is confined to the superficial skin, the smaller lymphatics, and deeper cellular tissue; but in the mixed infection all the destructive organisms are found in the deeper structures and the tissue itself.

The skin in the phlegmonous erysipelas will turn almost black as the disease progresses, and usually desquamates along its linear furrows. The finger nails are also discolored, but do not become loosened unless there is very active inflammation at their junction with the skin and associated with pus formation. The temperature is high for the first few days, but soon goes down to normal, or nearly so. The appetite is lost, there is nausea and vomiting, and a very pronounced feeling of languor and exhaustion. During convalescence the abscesses increase in numbers, though smaller in size; and for days or weeks there is an occasional swelling of one side of the face, neck or hand, which comes on rapidly, remains from twenty-four to seventy-two hours, then subsides without rupture or suppuration. In other ways the patient feels well, but appreciates a cool, dark room, as strong sunlight seems to increase the trouble and causes swelling of all parts previously affected.

The swelling in erysipelas proper is uniform. In the phlegmonous erysipelas this is not true, as there is often seen a tumor of immense size in the neck, and in the cheek a very small one, while on the opposite cheek the swelling may be as large as a coffee cup. In the former there is often an exudate of serum, and in a few cases pus, the abscess opening and soon disappears, leaving a thin dry crust, which quickly passes away without leaving any scar or swelling.

In the complicated type the loose, distensible tissue with the skin superimposed is not swollen as much as in the uncomplicated form, the exudate seemingly being attracted to definite areas. From this it may be inferred that the immense swelling of the hands, face and neck, so characteristic of this form, is thus increased.

The enlargement and proportionate deformity may remain permanently, and in the cases referred to, numerous hard nodules remain to mark the site of the abscesses. Time does much to remove these growths and operation is not demanded. It sometimes happens that the conditions may become reversed and the deep cellular inflammation may come to the surface and run as a simple erysipelatous infection. The symptoms are then much ameliorated and an otherwise tedious and exhaustive attack is aborted.

The combined metabolic functions of the existing bacteria entering the circulation produce fever, and the pain and swelling increase the severity of the symptoms by irritation of the cutaneous nerve filaments.

As a rule abscess formations are circumscribed though distant parts become infected through an acute lymphangitis, and in a few cases, almost every part of the body may have glandular enlargement with abscesses. The glands of the axilla and groin, in fact, protected parts of the body, are not so liable to become invaded, at least this was true in the two cases under my observation, in both of which only parts exposed to the air were affected. Very large abscesses sometimes form with extensive suppuration followed by gangrene. The lung tissue may become involved and death speedily follow. In the phlegmonous type the erratic erysipelas may migrate from the foci of inflammation to any part of the body, though the distance between point of inoculation and metastatic formation is usually limited, as from foot to knee and finger to metacarpal region. In this form we are more apt to have a definite change in the color of the skin, either due to general systemic disturbance of the circulation or the gastric complications as seen in drunkards.

The parts of the body exposed to the sun and air swell up, become more red and painful. Why such a condition

should be brought about is not definitely known, but is probably due to the actinistean properties of the solar spectrum acting as an irritant to the already existing dermatitis.

The muscles, tendon sheathes and joints may become permanently injured if the process extends inwardly and becomes diffuse. The tendon sheath of the middle finger of the right hand became extensively involved in one of my cases, and the tendon itself underwent rapid destruction necessitating its removal as far back as the annular ligament and anteriorly to the third phalanx. Metastatic abscesses formed in the sterno-mastoid and were very troublesome. This was followed by parotitis and suppuration.

There is always danger that the process may extend into delicate parts and leave injuries of great import, such as blindness, parophthalmia, iritis, ulceration and suppuration of the eyeball, optic neuritis and destruction of the optic nerve, suppuration of the ear, dysphagia, erysipelas pneumonia, pleurisy, peri-, endo- and myocarditis, gastro-intestinal complications, phlebitis, and haematogomous, icterus, which latter is a precursor of speedy death. Uremia may sometimes follow but this is considered rare as kidney disease is already established in most cases in which such condition has been observed. When acute nephritis is known to be complicated without previous kidney disease, there need be no alarm as it will gradually subside as the original disease improves.

An attack of erysipelas in any form often times results in the permanent cure of other existing diseases as have been noted by many observers, and to some extent has been employed as a therapeutic measure.

In the treatment of phlegmonous erysipelas the patient should have rest and quiet, the room should be darkened and ice cold water containing thirty-two grams of magnesium sulphate to the liter, should be applied to the parts involved. This will be found to exert a very soothing effect and will take the place of the usual remedies.

Surgical interference is necessary whenever pus forms. Potassium iodide, Fowler's solution, strychnine and brandy are good internal drugs. Iron is also a decided benefit. The diet should be light and easily digested.

PHYSICAL TRAINING OF SCHOOL CHILDREN.

By Perry Woolery, M. D., Heltonville, Indiana.

Read before the Lawrence County Medical Society, August, 1901.

The members of our profession, and especially those engaged in the general practice of medicine, have largely to do with the individuals of school age, the school boys and girls representing a large proportion of our communities.

Whatever contributes to their welfare in mind or body appeals at once to our interest. Strong and healthy educated men and women are what the world needs today, and the object of this paper is to discuss ways and means of accomplishing this end.

We have to deal with these children through boards of education or private corporations, which in many towns are slow to believe it of any importance to expend money on physical training, but the need of such is apparent. Pupils are taught words, facts and figures. Their cerebral centers are engorged with blood and at the expense of bodily growth and development. The teacher wonders why the young mind does not show more energy; why it does not grasp and retain, and digest all the mental food. The fact is forgotten or not known that the voluntary muscles

contain perhaps one-fourth of the blood, and that through their activity a large proportion of the potential energy of the body is changed into work and heat.

Springtime comes and the pale face indicates the lack of recreation and muscular exertion. Such exertion is needed, not alone to stimulate the growth of our muscle, but to set free that energy which stimulates the mind. Therefore, physical exercise properly directed is of vast importance to children. One need but observe the sitting or standing posture of the child, the awkward gait, the difficult breathing when singing or speaking, to appreciate the fact. The better condition we get the muscles of the child, the quicker the response to central nervous stimuli.

What we need today is a definite system of physical training, which by gradual and continued exercise will not only develop muscle, but educate the mind to control and co-ordinate the whole muscular system. Dr. Keating says in his Cyclopedia of Children's Diseases: "Every movement of the body depends as much on the proper co-ordination of the muscles for its accuracy, grace and force as upon the strength of their contraction."

During the past four years I have made observations of a number of school children in country districts and was very much impressed with the fact that something was lacking in their development besides the intellectual faculties. I myself have attended country schools for fifteen years, and do not remember but one instance in which gymnastic exercises were taught and enforced by the teacher in charge.

Lack of such physical training is nothing short of criminal from three standpoints, viz.: Hygienic, educational and recreative.

The teacher should be well informed and thoroughly familiar with the human body, and able to examine the pupils and adapt the exercise to their needs.

Too much time is spent today in discussing systems and too little in the study of the needs and how to meet them.

I think each county should have a physical director, a medical man, to visit each school once or twice each month to see that the children have proper training calculated to develop the body as well as the mind. This plan was adapted and carried out in some parts of New York the last few years and has proven very satisfactory.

The same things can be seen in botany. Some plants thrive better and are more healthy and fragrant that live in sunshine, while others are more beautiful that live without sunshine or fresh air. As a shower of rain is to the growing corn, so is the manual training of the body to the development of the mind.

Great responsibility rests on the family physician in this respect, for many parents look on him as the guardian angel, metaphorically speakiing, in the growth and development of the child, physically and mentally. Sad indeed we would be if in any instance we felt that by lack of our proper advice and professional skill we had dwarfed one of these little ones. Let us remember that:

The tissues of their life to be
We weave with colors all our own:
And in the fields of destiny,
They reap as we have sown.

ELECTRO-CHEMISTRY AND ITS MEDICAL VALUE.

By W. H. Willcomb, D. E. T., Ipswich, Mass.

Until recently but little of attention has been paid to this branch of electrical science. Such study as has been made in the past lacks methodical and

systematic method. It is true that many discoveries have been given to the public, some of almost inestimable value; but it is none less true that but meagre information has been presented in regard to the laws and principles which underly the entire subject, and in obedience to which we are able to gain the varied forms of manifestation which we style as "Electric." Owing to this lack of acquaintance with the foundation upon which the whole science rests, we are almost strangers to the true "force" or "agent." While we may in a limited sense be able to intelligently employ some of the "effects," it is not possible to even touch upon the true value or the extent of service available, until we can gain a practical knowledge as to the underlying "cause."

This is true, not only in relation to electricity, but applies to every physical "power," "force," or "property of matter," that exists.

A large percentage of those interested in scientific studies regard electricity as erratic, uncertain and indefinable in its effects. In every field, whether commercial, therapeutic, or scientific, it is the common opinion that in any application electricity is a power whose action is largely a matter of uncertainty as to just what will occur. Nothing could be farther from the truth. I doubt if in the entire realm of science there exists any force more exact and certain than is electricity. Whether we study the natural activities, as in the lightning, or if we look to its simpler manifestation as seen in a common magnet, or if we regard the silent and mysterious chemical effects, no matter where we see the working of this power, in every instance by close attention and study it will be found that every detail is in obedience to fixed laws and principles. Laws which are universal, fixed beyond any possible variation or exception, as firm and sure as is the law of life and death.

It is not within the range of this article to enter more deeply into this side of the subject; and I must pass on to a more limited application of the science, and with special reference to its chemical relations, which are of practical service to the busy doctor.

In its application to a general medical practice the varied practical methods and conditions in which electricity is of a practical value, are almost innumerable. To the practitioner who has learned its scope it will be almost in daily use, and in nearly every class of patients. By a timely exhibition of galvanic or faradic treatment much of the suffering and attendant dangers of difficult obstetric cases will be aided; patients whose convalescence is hindred by insomonia will be relieved frequently; your gynecological patients will avoid some of the septic conditions that are frequently so difficult to handle; and in a multitude of conditions a use will be found. The only draw-back to the more general use of electricity in the daily routine lies in the expense or the weight and bulk of a suitable battery for galvanic work. The latter difficulty is now overcome, but it is at a considerable additional expense. However, in office practice and in special cases of house practice, the physician who makes a scientific use of a practical equipment will be but a brief time in coming to a full recognition of its real benefit.

While, as I have already stated, the field of electro-therapy is apparently boundless, there are two or three directions in which it is of particular service to the "every day" doctor. Of these I want to more fully speak. The pharmaceutical application of electrolysis is of much wider a range of practical value than is commonly ascribed to it. With its aid we are given many

a combination that otherwise is impossible, and in others we are able to secure a more certain product, and to avoid the uncertainty which so frequently exists as to the real activity of some delicate alkaloid or alkaloidal compound. This is applicable to the more delicate drugs, such as aconitine, atropine, digitalin, ergotin, strychnine and similar agents. The action of a definite current flow being under every circumstance invariable and exact we are able throngh electrolytic action to secure a product whose active principle is absolutely the same, and which is not affected by the widest possible variation in the strength of the primary solution, provided there is a sufficient quantity of the required drug present. The only variation from the standard possible is the result due to a lack of sufficient strength in the primary solution employed; if the first solution be of sufficient strength it matters not how far it may be in excess, as the result in the finished product will be in no degree affected.

As sn example of combinations obtainable by electro-chemical process, I will mention a personal result gained. For a considerable time the subject of local anaesthesia has attracted a considerable degree of interest and research, but with rather negative results as related to any important surgical work. The limitations imposed by reason of the constitutional action of the available agents, have made the practical application useless for any extended operation. Without entering into details, I will say that recently I assisted at an operation where the anaesthetic conditions required the hypodermic administration of a solution in such quantity that over 18 grains of cocaine hydrochlorate were used. Despite the quantity of this drug employed, there was an entire absence of all constitutional action, and no noticable reaction. The solution used was a compound of cocaine, glonoin, and digitalin, and one which it has been impossible to secure in any other than electro-chemical methods. This is only one of a considerable list of compounds which the writer has personally employed. The extent to which this line of application may be practically employed is apparently without a limit. A prominent point I would call attention to is the absence of any element of uncertainty or "chance." To him who will study the laws of electrolysis the exact result that will be secured is known in advance.

The entire lack of confidence and the prejudice which is so widspread in respect to all lines of electro-therapeutic and chemical application is due to lack of care and to a failure in recognizing the true importance of this science. In place of a simple matter, and one needing little or no attention, in way of study, we have here one of the greatest and deepest of all the existing sciences. Once this fact receives a general recognition, then doubt, prejudice and uncertainty will be overthrown, and the true development of this mighty force be actually entered upon.

Time forbids my saying much in this paper regarding the value of electro-chemistry as method of local medication, but it seems fitting that in connection with what I have already written I should at least touch upon this side of the subject.

As a means of exhibiting drugs which are used for local rather than constitutional effects, electricty has not as yet come into very popular favor. This is due I think to the unsatisfactory results obtained by a large proportion of those who have attempted to employ it. Failures being the rule rather than the exception. Yet it is not a failure of the power; rather it is the unskillful use of the agent. As justly condemn the surgeon's aid in appendicitis, because of the many failures and fatal terminations, due to

error or inexperience, as to condemn electro-medication because of disappointments. The writer has had wide experience on this line and is able to personally testify to the fact that the fault is not in electricity, but in the operator. Here is an example: It is but a short time since I was eye witness to the attempt of an old and experienced physician to alleviate the pain due to a local disturbance by electrolytic application of tr. opii. He applied the solution by the negative electrode; then was very positive in his statement that electro-medication "is a complete fraud, and a money making scheme of a few quack electro-idiots."

I have personally less than three per cent. of failures to report, and in fully a half of these the failure was not an entire one, in each instance due to some physical condition that made it impossible to fully utilize the current efficiently. In gynecological practice I have met with special success, and sometimes the action has far exceeded even the hopes of an enthusiast. The real virtue lies in the extent of the activity. Where a merely mechanical application of the drug is superficial, the electrolytic action frequently extends to a very much greater extent, dependent upon conditions which are entirely within the control of the operator; not only this, but in more than one instance, the medicant has been applied in localities which otherwise would have been inaccesible without the knife. Electrolysis claims superiority over injections, or is an invaluable adjunct to this method of local treatment, by reason of the absolute freedom, if reasonable care be taken, of any septic infection.

I think I have suggested enough to furnish food for consideration for at least a month, so will refrain from further enlargement of my subject. Next month I will continue the present article, and give particular attention to the application of electro-chemistry to local medication, and with special reference to gynecological and allied values and to carcinomatous growths.

HYGIENIC LIVING.

FOR STUDENTS AND PROFESSIONAL MEN.

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

No class of our race is at the present day doing more injustice to themselves and to the community in one direction than those engaged in literary or mental pursuits. It would seem better that their very intelligence and education should be the safeguard against the dire neglect of the conditions of health; and yet, sad facts show a strange oversight, even of physical axioms. The history of literature, of science, and of mental acquirements, is too much a history of invalids; and there is some propriety in defining scholars as "complaining men who eat too much and exercise too little." The love of books and of learning is indeed a noble passion, but the enticement of the charm must not be allowed to hurry the body into premature decay. The want of regularity, and the want of proper, lively exercise in which subjects of study are dismissed, and even the mind given up to the sway of its present occupation, is the fruitful source of educated ill health.

None is more to be pitied than the intellectual sufferer; the mind rendered sensitive and acute by training, and the body a broken constitution like a shattered musical instrument, resounding plaintive discord, sad accompaniment, or rather, sad impediment to the noble execution of intellect, the more sad because too often the direct result of injudicious confinement. Study is continued until an exhausted mind disposes the body to a slothful

inactivity, and exertion is avoided not so much for want of time as for want of inclination.

There is no greater error of logic than the oft-repeated excuse of the student, that he has not time for active manual employment. Statistics have shown that he who observes the sabbath will accomplish more than he who labors every day alike; and equally true is it, that the mind is capable of more when the body which contains it is kept in working order. The buoyant step, the active walk, the jolting ride, the hearty sport, is not time lost from the studies, but a guarantee that the whole framework will return to the task more able to compete with the intricacies of ancient or modern lore.

Self-sacrifices on the altar of learning are no less venial than others; and neither our Maker nor the nations, ask or need of us devotion to study so intense as to destroy health. We have often been surprised how, even good men, shelter their sins under the most flimsey excuses. Recreation is as much a duty as it is a privilege. It makes possible achievements, mental as well as physical, and the biographies of greatness prove that most of those whose names are plainly legible upon the scroll of fame, have written the productions which have made their names immortal by improving the hours when they found their minds exuberant, active, or analytic, rather than by goading them on with lengthened measurements of time.

As to eating and drinking, the student and the learned incline to two quite opposite extremes. The one class with appetite inflamed by unreasonable indulgence, or rendered morbid by nervous sensations resulting from an overtaxed brain, have plunged into the excesses of gluttony and intemperance, while others more safely but yet erroneously have landed on the shoals of abstemiousness. The clubs of Britain which were once the entire points of English literature, and at which there was indeed "feast of reason and flow of soul," sent many a genius to an untimely grave; and even such men as Johnson and Addison became charmed with the pleasures of the table. The passion of Burns, Byron, and many others, are too sorrowfully known to lead me to multiply less noted examples. In noticing the biographies of great men, we have been too often surprised to find how many of them were addicted to excesses in eating and drinking, whose fair literary fame has overshadowed the memory of their evil habits, and whose error is only slightly noticed in the more minute records of their lives. "Died of over-feeding," would be a truthful epitaph on the stone of many a one who has the credit, falsely so-called, of dying from a "too earnest devotion to literary pursuits."

On the other hand, Aristotle boasted that he could have lived when acorns were the food of men. Newton seemed to eat only that he might sustain life, and Shelly and Milton belonged to the frugal class. Experience shows that Swift was right when he declared "temperance to be a necessary virtue for great men," and enough of good food and good exercise are no unimportant elements of greatness.

Recently heroin has been used in pertussis with what would seem very favorable results. This drug has a specific effect in allaying cough, increasing the force and volume of respiration, while it exerts a decided influence in lessening dyspnea. Dr. H. F. Thompson, of Philadelphia, reports several cases of whooping-cough treated by heroin with considerable amelioration of the symptoms in each case. He used the drug in doses of $\frac{1}{43}$ to $\frac{1}{24}$ of a grain every four hours, in accordance with the age of the child.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS.

By M. A. Blanton, B. S., M. D.,
Baileyton, Tennessee.

(Seventh Paper).

ACONITINE.

In these days of new discoveries and continued improvements in the science of medicine one can scarcely keep a pace with the drift of advanced ideas, especially in the field of therapeutics. The all absorbing question among a great many physicians is, What shall I do? Shall I cling to the old remedies, or shall I venture to try the ones offered by the new and advanced school of medicine?

We can only be guided safely by comparative experience in the choice of curative means offered us in the materia medica. The crude drugs having the advantage of seniority become a formidable rival to the alkaloids which are born of yesterday and subject to the suspicions and prejudices of many physicians. However, the thinking part of the profession is gradually falling into line and taking up the active principles as they prove their superiority over the crude drugs. We predict, however, a brilliant future for the alkaloids and that ere long they will be in universal use among the profession.

Let us take up the sovereign medication in pyrexia, aconitine and compare its advantages over the crude aconite. There are several things in connection with aconite which render its use uncertain as to the effects obtained. There are several species of the plant, each one having its peculiar advantage. The aconite with white blossoms is six times less active when the flowers are used than when the roots are employed. Again, the strength of the plant varies according to the season of gathering and the period of growth. Again there is a species of aconite whose flowers are almost inoffensive, while the root is very poison. The climate under which the plant grows has a great effect upon it, so that aconite that is very poisonous in north India becomes an article of food in the other provinces where the inhabitants eat the roots. Laplanders feed on the stems of aconite, but dare not touch the roots, for they pass all others in toxic violence. There are contained in aconite besides aconitine other active principales not well defined and which render the action of aconite uncertain. It has been found that many times only a few drops of the tincture will produce severe toxic effects.

Aconitine is the only useful medicinal active principal of aconite and is found in the plant, no matter where it grows or where it is gathered.

The physiological action of aconitine is sedative; in small doses it reduces the temperature, slows the pulse and cardiac rhythm, renders respiration deeper and slower, increases the action of the kidneys and produces a calm and quiet sleep.

Aconitine is a hero in continued fevers. When intelligently used it is efficacious even in the the most obstinate cases. It never fails in subduing the febrile movements and accelerating the eruption in eruptive fevers. Thus it does away with the visceral complications which so often occur when the eruption is retarded.

Aconitine is not only indicated in hyperpyrexia, but in plethoric cases

with or without pyrexia. One of the principal indications for aconitine is the inflammatory condition in its initial period, before any alteration has taken place in the inflamed parts. Thus aconitine is indicated in pneumonia or in the neuralgic conditions. It will never disappoint the physician in cases where the cutaneous and urinary secretions are suspended, and in all cases where it is necessary to promptly arouse the functions of the skin and kidneys. Some authorities highly recommend it in tinnitus aurium. This alkaloid is equally successful in quieting irritation of the nerve centres; in cephalalgia, insomnia and delirium manifested during cephalalgia; in fact, it plays an important part in the treatment of all nervous affections in the sthenic.

As to methods of administering aconitine, let us say there is nothing better for safety and convenience than the alkalometric granules. I administer them in solution, one granule to a teaspoonful of milk or water. In febrile or phlogistic cases, I give one teaspoonful of the solution every fifteen minutes until a reduction of temperature is reached, then every half to one hour until complete defervescence. In the neuralgic cases, when there is no fever, take one granule every two or three hours, accompanied by any other alkaloid indicated.

Of course, the above is for an adult. For a child: one granule for each year attained, in twenty-four teaspoonfuls of water, then one teaspoonful of solution as required.

In febrile affections, stop aconitine when you have secured complete and durable defervescence; in the neuralgic cases when complete sedation is established; in chronic cases when the pulse becomes slow and you notice a lowering of the vital energies or a weakening of the cardiac rhythm.

If you want a sure and steadfast friend, a devoted aid in your efforts to relieve the ills of humanity, give the place of honor in your medicine case to aconitine.

CALCIUM SULPHIDE.

By Dr. C. E. Boynton, Los Banos, California.

When you have a case of unresolved pneumonia, as often occurs after grippe, when the patient is oblivious to the fact that he has had pneumonia, remember calcium sulphide may work wonders. Use the 1–6 grain granules. Give three to adult every hour during daytime, or if this is inconveniently frequent direct him to take five granules before each meal and five at bedtime, and if he thinks of it, an extra dose or two between times in the day. The tablets may be all right but they deteriorate more quickly than granules.

Often a patient will complain of recurrent attacks of otitis media or it may be just plain old-fashioned earache. Put him also on a month's treatment of the calcium sulphide. It will not stop the pain at once but ere long the patient will believe a cure has been wrought. Of course this is not all the treatment for earaches; acetanilid and oil of wintergreen made into a poultice and packed under gum tissue over, in and around the ear and side of the head, and calomel and saline laxative for the bowels help out.

For an ulcerating tooth when extraction is difficult, as for example a child of eight years that won't have it pulled, give three granules of the sulphide every half hour, night and day, and you may prevent the abscess from breaking externally.

In pertussis calcium sulphide beats the band.

We all know how helpful it is in every form of septic fever and evidently enough it fulfils all the useful offices of lime water.

It will also put a temporary quietus upon the sexual appetite.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

PURITY OF VACCINE.

Four fatal cases of tetanus after vaccination have occurred in Cleveland. While the contamination of vaccine by germs of tetanus cannot be proven, the health officer of the city ordered public vaccination suspended, at least temporarily. Medical men all over the country have become suspicious of the purity of the vaccine furnished to supply the recent great demand. Perhaps with reason. At a late medical society meeting, when the question was under discussion, Dr. Foster, editor of the St. Paul Medical Journal, told that a certain manufacturing firm, finding that physicians used to the old-time sore arm rather looked upon that as evidence of good vaccination, concluded to satisfy their ignorance and deliberately added a few streptococci to their previously pure vaccine. The name of the firm is in the keeping of the St. Paul board of health. But it is extremely unfortunate that suspicion has been created. It can serve only to place a new and powerful weapon into the hands of the enemies of vaccination. The matter is of the greatest importance and the suggestion made by the Cleveland Medical Journal seems opportune, that the federal government through one of its departments, perhaps the animal bureau of the agricultural, take supervision of the manufacture of vaccine, establishing scientific standards of chemical and biologic purity.

CRUSADE AGAINST TUBERCULOSIS IN NORWAY.

Norway has been comparatively free from tuberculosis until recent years, when an alarming increase in the disease has taken place. The physicians attribute this to the change which has gradually come over the mode of life of the people, as a result of easier communication with the rest of the world and the inroad by more modern and civilized styles of life and comfort. Now the women of the country have organized for warfare against the enemy. A campaign of education will be carried on mainly among the women. Popular lectures will be given, pamphlets distributed, and in every possible way instruction given to the wives and mothers how they may keep consumption out of their families or check its spread after it has entered. That is an excellent plan, for it is applying the remedy where it can do the most good. It ought to be imitated in other lands.

A STRIKE OF DOCTORS.

There exist in Germany numerous organizations, called Krankenvereine, for the purpose of furnishing members medical attendance at the lowest possible rates. Although physicians in their employ are paid ridiculously small fees for their work, positions of the kind are eagerly sought by doctors. Still, a few weeks ago, in the cities of Munich and Leipzig the physicians organized and refused to work for the organizations. In Munich the fee for a visit had been established at about fifteen cents, even when surgical operation or attendance at childbirth was necessary. In Leipzig, while willing to listen to individual complaints, the organization would not recognize and treat with the doctors' combine, just as in our country employers very com-

monly refuse to deal with trades unions. The whole affair is interesting and instructive as proving the growth of a tendency among physicians, to place their business on a simple business foundation. Talk as much as you please about the dignity of the medical calling, if you do not pay due attention to the business side you are sure to come to grief and detract materially from your own and the profession's dignity. We ought to enter into combination, call it a trade union, if you please, to protect ourselves and our business, for numerous are the different agencies which take advantage, while they laugh at our foolish show of dignity. Contract practice is becoming very common in our country, too, and we should make war upon it, be it practice for a railroad, mining company, cooperative association, municipality, insurance company, lodge. Whenever and wherever doctors contract to work for cheap rates they cheapen themselves and damage their own and their fellows' business. Some months ago the physicians in a Michigan town, Ludington, if memory serves right, one and all refused to take the position of city health officer, because the salary allowed by the enlightened council was utterly inadequate. And they stuck to their refusal. The doctors set an example to be heeded and imitated.

THE AGE OF FIRST MENSTRUATION.

Dr. George J. Engelmann, of Boston, Mass., has made over 10,000 observations as to the time of the first menstruation in American born women. According to them climatic differences do not seem to influence the period of puberty, neither does racial descent. The mean age of first menstruation in this country is 14 years, the same in Canada as in Louisiana. Among those of American parentage the age is 14.1, German 14.5, French 13.6, Negro 14.5. Social conditions and surroundings have a determining influence. Refinement, education, city life, nerve stimulation, hasten puberty, the average age for it under such conditions being 13.5. Poverty, ignorance, manual labor, country life, retard, the average age then being 14.5, a difference of one year. In other countries the difference between the extremes of social classes is from two to three years. European women develop more slowly, the average age in the temperate zone being 15.5. French-Canadians alone are more precocious than other races on our continent.

FOOD ADULTERANTS AND PRESERVATIVES

Although public attention has been awakened to the danger lurking in adulterated food, the full extent of the evil is not even guessed, It is one of the duties of our profession to study the matter and give frequent warning to the laity. A recent report of the North Carolina experiment station showed that out of one hundred samples of canned fruit examined every one was found to contain so-called food preservatives. A report of the state board of health states that out of thirteen popular brands of extract of lemon not one contained any oil of lemon, and most of them were colored with aniline dyes and were deficient in alcoholic strength. The preservatives commonly used are salicylic acid, borax, boracic acid and formaldehyde. Physicians are all agreed that these chemicals, even minute doses, are injurious. But now come two observers, F. W. Tunnicliffe and C. Rosenheim, who made experiments by feeding apparently healthy and delicate infants with articles containing these preservatives, and publish their careful observations on the effects which they seemed to have on nutrition and metabolism. They could discover no injurious results, the body weight increasing regularly, when borax or boracic acid are being used.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

JOYS OF A COUNTRY DOCTOR.

The old-fashioned country doctor, with his saddle bags and his proverbially large pills, has passed into memory, but there still remain to carry on his work those disciples of Esculapius whose tents are pitched "far from the maddening crowd," who must still overcome many of the obstacles with which he had to contend, although in many ways better prepared to meet them.

Little do the city practitioners realize the physical and mental strain under which their rural brothers are placed day after day from January to December. The country physician is expected to do work along all lines, in fact, is compelled to do it and hold himself at all times ready to meet any emergency.

Like the the mate of the Nancy Jane, he must be surgeon, obstetrician, oculist, aurist, rhinologist, dentist and veterinary, besides general practitioner, all in one.

To be successful a country doctor must be ingenious, ready for anything that may come in his way, be able to devise instruments and apparatus to meet all requirements on short notice, from a very meager supply.

He must be in full control of his "nerve" at all times, for he does not know when he will be called on to meet a very alarming condition, and that, too, single-handed. Unlike the city, where in a few minutes counsel and skilled nurses may be procured, he must think it all out alone, and apply his treatment all alone, for in an emergency case most bystanders are too much frightened to be of any assistance. It may be a placenta previa, applying forceps or numberless other conditions, where at least two seem necessary, but where in many cases there is no time to wait two or three hours till help can be secured.

As an example of the physical endurance necessary, imagine yourself, after a hard day's work, riding ten to twenty miles, on a pitch dark night, with the mud a foot deep every step of the way. Or the scene may change to a past zero night, when the icicles will form in fantastic shapes on your whiskers, so that when you arrive at your destination you must call for a pan of hot water to remove your unseemly adornments. No doubt the city doctor envies him his cool, quiet drives "along shady lanes and babbling brooks," but how would he enjoy a trip like that suggested?

The country doctor knows everyone in his territory, and callers at his office make it a rule to stay an hour or two talking over things in general; that, too, it may be, when the doctor is waiting for his dinner, or wants a little time to himself. Still, he must grin and bear it, for upon the people depends his daily bread, which in some cases is a misnomer (coming only every second day).

He must take from his bad patrons wood, corn, hay, etc., and a large portion of the remainder wait six months or a year, and then make several trips to collect it. It will offend the people if he sends a bill or someone else, so he must go in person. This too with fees that are already too low.

He is expected to be a traveling health report of all the sick under his care, for almost everyone he meets will say, "How is John Jones' baby?" or, "Sam Smith's wife will never get well, will she?"

A doctor must also look pleasant and smile when people say (as most of them do), "How are you, Doc? Is there much sickness now?"

Every boy who can find a lemon essense bottle or two will bring them to you to sell, and you must buy them or you may offend the family. Very often your own bottles will be brought back when their contents are not yet paid for.

Every case is diagnosed by all the old women in the township before the doctor arrives, and of course he is expected to give his opinion, when those who concur will say, with a triumphant look at the others, "That's what I thought."

According to country tradition a lying-in woman must not be washed or have her linen changed till the third day; a baby must nurse during its second summer; a diarrhea must not be checked during teething; flannel must be worn till the teeth are all cut; for a diuretic in the newborn, give watermelon seed tea; for abscess of the breast, use cow dung poultice; when a child picks its nose, it has worms; and dozens of other notions which the doctor must often overcome, and are, as the Irishman said, "Equally worse."

I am glad to see, however, that the more intelligent people are getting above this sort of thing and are trusting more in the doctor.

The country physician is fast coming to rank with the best in education, intelligence and skill, although by reason of his location he will always be handicapped in many ways. More trained nurses are being used in the country, which will not only make the work less arduous, but will bring better success as well.

Of course he has many advantages found nowhere else, such as pure air, plenty of fresh milk and usually good water.

As time goes on, less surgical work will be sent to the city, for it is possible for two or three men in a town to assist each other in doing this important work at home and adding not only to their prestige, but their pocketbooks as well. With trained nurses and clean, quiet surroundings, with the patient at or near his own home, the cost can be greatly lessened and the best results obtained.

Life is such that we all have our joys and our sorrows, and this is not intended to convey the meaning that no one but a country doctor has hardships, but merely to give a few points from his view of the matter of conditions as they actually exist. Probably the reader will like to suggest a different heading for this article by this time.

H. A. GILTNER, M. D.
Chelsea, Indiana.

INTRACTABLE AND PERPLEXING DISEASES.

Ever since the remote period of Hippocrates down to the present the disciples of Esculapius have been confronted by diseases which are extremely perplexing. Sometimes baffling the skill of our most eminent diagnosticans of the present day. This would not seem plausible in this progressive age of modern medical armamentarium, the result of scientific research covering a period of two thousand years or more. Yet it is only too true, the diversity of disease and the diversity of age are so intricate that we find it a very difficult problem to solve.

I presume that every practitioner of medicine has had about the following experience: You are consulted by a patient who is constantly asserting a weak state of health, although no palpable cause can be discovered. All functions of the various systems are duly performed, there is no diacritic mark to distinguish the characteristics indicating the nature of a distinct disease, the symptoms are obscure and

difficult to delineate, or probably blended with symptoms of several diseases closely simulating each other. Therefore, after hearing the patient's statement describing the deviations from health, after using all diagnostic methods in trying to ascertain the pathological conditions, studying the functions of the various systems, then considering them separately and conjointly, with a deliberate meditation we endeavor to formulate a differential diagnosis and denominate it a distinct disease.

But our wisdom is baffled by the jumbled symptoms, and the presumptive classification would be neurasthenia of the case, prescribing accordingly very often with unsatisfactory results to the patient, and with disgust to ourselves.

The question will naturally arise, What is the proper procedure in such cases? As there is no distinct criterion in such cases to guide us, therefore we must consult reason and let principles be our guiding star. Most maladies are complex in character and the complications often exceed in importance the primary disorder. Every morbid phenomenon, however obscure and remote, has its reason and cause; prominent symptoms are frequently situated at some distance from the seat of disease. Remembering that correct diagnosis underlies all rational treatment, if this is not ascertained at the first interview by persistent scrutiny it can be accomplished to a degree of certainty, that we may be warranted in applying therapeutic measures intelligently. The diathesis is very important in these cases. I once heard a very prominent physician say he preferred the diathesis in chronic maladies rather than the disease the person was suffering from. It is well authenticated that individuals are born with some peculiar trait in disease as well as form, character, physiognomy, etc.; the phenomenon of heredity should be investigated in every case. Youthful errors also demand strict attention, for it is during puberty that the destiny of youth is fixed. If the youth of both sexes could see through the vista of future years and there behold the catalogue of afflictions and suffering inseparable attendants on time and humanity, they would pause and cease originating maladies. Yet it is in this very critical epoch that some of the most deadly seeds of vice and disease are implanted in our spiritual and corporal constitutions, seeds that not merely grow with our growth and strengthen with our strength, but acquire vigor from weakness and obtain victory in our decay. They are emotional inebriates, always on the borders of hysteria, with feeble and unstable will power, destitute of acumen, wayward, selfish, uncertain, out of harmony with every relation of life. All available methods should be employed to intercept this abominable vice before they are bereft of reason or some superadded disease ends their existence.

The therapeutics in such cases are diversified. Each author has his desideratum, while there is no remedium catholicon. The treatment is emperical. While we can congratulate ourselves on the advancement in pharmaceutical chemistry, whereby more powerful agents whose physiological actions are accurately ascertained are new replacing the cruder preparations formerly the only kind available for use. By studying their physiological action and then choosing such as are indicated in the case, we are progressing to a higher standard of therapeutics.

We also have the advantages of electricity, bathing, massage, climate. Each has its place in the treatment of disease.

O. Worthington Lusher, M. D.
Ben Lomond, W. Va.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

PRESIDENT McKINLEY'S CASE.

The assassination of President McKinley came like a thunderbolt to this nation, which was happily prospering to an extent unknown before. The best government and the freest country in the world are unappreciated by the anarchist who wants no law but his selfish purposes. We trust that this terrible deed will result in the destruction of anarchy in this country.

The President's case was skillfully handled by able surgeons and although the autopsy showed that death was unavoidable it is to be greatly regretted that the life of the popular president could not be saved, demonstrating to the public the progress and skill of modern surgery.

The following is the official report of the autopsy:

"The bullet which struck over the breast bone did not pass through the skin, and did little harm. The other bullet passed through both walls of the stomach near its lower border. Both holes were found to be perfectly closed by the stitches, but the tissue around each hole had become gangrenous. After passing through the stomach the bullet passed into the back walls of the abdomen, hitting and tearing the upper end of the kidney. This portion of the bullet track was also gangrenous, the gangrene involving the pancreas. The bullet has not yet been found. There was no sign of peritonitis or disease of other organs. The heart walls were very thin. There was no evidence of any attempt at repair on the part of nature, and death resulted from the gangrene which affected the stomach around the bullet wounds, as well as the tissues around the further course of the bullet. Death was unavoidable by any surgical or medical treatment, and was the direct result of the bullet wound.

"HARVEY D. GAYLORD, M. D.
"HERMAN G. MATZINGER, M. D.
"P. M. RIXEY, M. D.
"MATTHEW D. MANN, M. D.
"HERMAN MYNTER, M. D.
"ROSWELL PARK, M. D.
"EUGENE WASDIN, M. D.
"CHARLES G. STOCKTON, M. D.
"EDWARD G. JANEWAY, M. D.
"W. W. JOHNSON, M. D.
"W. P. KENDALL, Surgeon U. S. A.
"CHARLES CARY, M. D.
"EDWARD L. MUNSON,
"Asst. Surgeon, U. S. A.
"HERMANUS L. BAER, M. D."

Dr. M. D. Mann, who performed the operation, in an interview made the following statements: "First of all, there never was any contention or unseemly discussion among the physicians as to the method of treatment of a case similar to the present one in importance. In no case was there ever a better understanding as to what should be done. We worked together as one man. There were honest differences of opinion among us sometimes as to which was the better mode of procedure, under certain conditions, but the minority always was convinced. I think the report made today shows very plainly that the location of the bullet had nothing to do with the final outcome of the case. That resulted from gangrene, which appeared in the path of the bullet. Even our efforts to locate it, as stated in the report,

were unsuccessful. I believe it went into the muscle at the small of the back. We followed the hole made by the bullet until it went into the muscle. We searched one and one-half hours for the missile of death. The X-ray instrument was not used, as the appliances were not handy. The serious damage was done to the organs through which it passed—not to the locality where it now rests."

PROBLEMS OF THE DAY.

Last month we suggested one method of preventing druggists' substituting in their prescriptions. This month we wish to mention other remedies for the evil.

One is to make substitution unlawful. Every state would do well to have such a law and have it enforced. The last legislature of Tennessee passed a law of this kind, as follows:

An act to prevent the substitution of any drug in filling physicians' prescriptions by druggists in the state.

SECTION 1. Be it enacted by the general assembly of the State of Tennessee, that it shall be unlawful for any corporation, firm or person, or any combination or association of corporations, firms or corporations engaged in the business of buying, compounding and selling drugs and medicines to substitute any drug or medicine in lieu or instead of that given to the patient by the physician on the face of his prescription.

SEC. 2. Be it further enacted that it shall be unlawful for any agent or employe of such person, firm or corporation or association or combination of persons, firm or corporations engaged in the business of buying and selling drugs in this state to substitute any medicine for the specific medicine mentioned in the physician's prescription.

SEC. 3. Be it further enacted, that any person, firm or corporation violating the provisions of this act, or aiding or abetting the violations of the same shall be guilty of a misdemeanor and upon conviction shall be fined not less than $25 nor more than $100 for each and every offense.

SEC. 4. Be it further enacted, that this act shall take effect from and after its passage, the public welfare requiring it.

If a physician finds it impossible to get his prescriptions properly filled, he can dispense his own medicines. Many druggists who complain of their loss of prescription business because doctors dispense, are themselves responsible for their vanishing business. Many doctors have been driven into dispensing by substituting, counter-prescribing and various other practices of druggists that injure the physician. There are many advantages to the doctor to do his own dispensing, but there are also objections which he should guard against. Sometimes there is danger of his using cheaper, but less efficient, preparations than he should. This is entirely unnecessary, as when a doctor dispenses an expensive prescription, he can explain the cost to the patient and make a charge sufficient to cover it. He can also explain to the patient that the cost of his medicines are such that he must pay promptly. We know of practitioners who thus explain to their patients and have no difficulty in getting their price and doing practically a cash business. The doctor should beware of the smooth-talking agent who has some "just as good" substitutes for standard specialties. The firm which tries to get the benefit of another firm's work and advertising, is likely to work any scheme that has the most money in it. We recently had an example of this. We had some pills that were made by a firm which makes substitutes of several leading preparations. These pills were supposed to contain one grain of the medicament. We

weighed them and found each pill weighed exactly one grain, which included medicine, pill mass and sugar coating.

The objection to dispensing has been made that the doctor is apt to confine his therapeutics to the remedies he has in stock instead of using a wide range of remedies. But this is not necessarily true, as very efficient work can be done with a limeted, but well selected list of remedies, such as named in Dr. John Aulde's Pocket Pharmacy, and it also is possible for the physician to keep a good variety of remedies in stock.

Dr. J. F. Melvin, writing on this point in the Denver Medical Times, says: There are today in our pharmacopœia more than nine hundred official remedies, and we know that very many of those most used are not yet official, yet in one of the largest hospitals in this country, with a staff of over one hundred physicians, I found their dispensary to contain less than one hundred remedies, and almost three-fourths of their three hundred daily prescriptions were prepared from twenty-five of these. My experience of many years behind the prescription counter in this and other cities proved to me again and again that ninety out every one hundred consecutive prescriptions by any one man could be prepared with a list of thirty-five remedies. Of course, a larger number taken consecutively would show a wider variation, owing to the changing seasons and the trial of newly recommended drugs. So I would submit that an average practitioner can readily select, say, fifty remedies or combinations which will include all that he will under any circumstances use in nine-tenths of his work, and with them he will form combinations more efficient and more acceptable in every way to the patient than the prescriptions he writes, for in this way he will learn how atrocious some of the recommended formulae in our standard text-books are to sight and taste, especially if he tries to administer them to children. These fifty selected remedies would not occupy more than six feet of narrow shelf room and half of them would be needed in the pocket-case. Now, one's location and surroundings and his own experience would say to what extent this stock should be increased. In my own case, although I have for years owned the only drug store in our community, I have found it far more satisfactory in every way to attach a complete dispensary to my office and provide it with every convenience for easy and accurate work; so I find that I have over six hundred remedies and preparations on my shelves; yet, of my last one thousand prescriptions—for I keep as accurate a record of all medicines dispensed as though the prescription was to pass through another's hands —920 were drawn from a group of forty remedies, of which twenty-two were alkaloids, five synthetics and thirteen chemical salts.

HAY FEVER.

As we near the close of the hay fever season it is well to consider our successes and advances of the year. From year to year we have improved our treatment of this disease until now we can keep the victims of the disease comfortable during the season of the malady. Last year we gave our patients much relief by using as a spray freshly prepared solution of suprarenal capsule but the objection to this is that it decomposes so quickly as to cause an infection of the nose in some cases. This year we have had many pleasant results from the use of adrenalin chloride solution, 1-5000, used as spray in nose and throat. This preparation keeps in good condition for a sufficient length of time to make it a satisfactory remedy.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

THE NEW ANIMAL CELLULAR THERAPY. —An Innovation in Therapeutics. Its Origin, Nature, Action, Uses, and New Contributions to Medicine. By Joseph R. Hawley, M. D., Formerly Professor Practice of Medicine and Physical Diagnosis, Chicago Clinical School; Police Surgeon and Secretary Civil Service Medical Board, Chicago. Now Medical Director and Editor of Journal for American Animal Therapy Association. Member American Medical Association, Illinois State Medical Society and Chicago Medical Society. Cloth. Pages 104. Price $1.00. Clinic Publishing Co., Chicago.

The new animal therapy has now been before the profession three years and has become sufficiently established to warrant the publication of such a treatise based on a large amount of clinical material. Very successful results in the hands of competent physicians assure this therapy of an important future. We cannot do better than quote from the author's preface regarding the purpose of the book: "In the preparation of this somewhat comprehensive discussion of a new departure in animal as well as cellular therapy, the attempt has been made to present the subject in as conservative, scientific and concise a manner as possible. Such an exposition is indicated because of the wholly original character of the basic principle of this therapy and of a large majority of its clinical results, and is made possible because the remedial innovation described has successfully passed a most critical and exhaustive examination of its therapeutic merits. No positive conclusion unsupported by legitimate scientific proof will be found in this publication. If there be any error in the evidence submitted, the fault will be in the writer's interpretation, not in the statement of facts. In addition to assisting physicians using this combined therapy—for it is not represented by a single remedial unit—this discussion presents many original and well established facts which should stimulate similar original research in cell tonics and develop a new line of therapeutic preparations. For example, the composition of the lymph compound teaches that a fluid containing a properly prepared and emulsified sediment of animal cells may be safely used subcutaneously, and that the active principles (herein defined) of pure unfiltered lymph and testicular secretion possess powerful cell tonic–alterative–nutritive properties. Also the study of the clinical action of this cell tonic has positively demonstrated that our previous conceptions of the limitations of therapy in chronic degenerative diseases are partly erroneous."

The book gives the composition and method of preparation of the lymph compound. The physiological action is explained, giving the general action on cell metabolism and other cell functions and the special action on various organs. The therapeutics and rules for administering the lymph compound are presented. Of special interest is the section of the book devoted to the use of the lymph compound by intra-spinal injections. Anyone interested in therapeutic advance will enjoy reading this book. It is well printed and bound and contains a number of illustrations.

INTERNATIONAL CLINICS.—A quarterly of Clinical Lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Der-

matology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to students and practitioners. By Leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M. D., of Chicago; Alexander D. Blackader, M. D., of Montreal; H. C. Wood, M, D., of Philadelphia; T. M. Rotch, M. D., of Boston; E. Landolt, M. D., of Paris; Thomas G. Morton, M. D., and Charles H. Reed, M. D., of Philadelphia. With regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Volume II, Eleventh Series, 1901. J. B. Lippincott Company, Philadelphia.

No volumes published contain more practical information than International Clinics, and the latest volume comes filled with useful clinical articles. We call attention to a few of the subjects presented. Three articles, occupying nearly fifty pages, are devoted to locomotor ataxia. Dr. Alfred Fournier, of Paris, writes on "The Detection of Locomotor Ataxia in Its Early Stages." Dr. M. Allen Starr, of New York, presents a clinical lecture, "Locomotor Ataxia," illustrated with plates. Dr. H. S. Frenkel gives the "Movement Therapy for Locomotor Ataxia." Dr. Jay F. Schamberg contributes an article on small pox, illustrated with several plates. "The Treatment of Malignant Tumors by an Anticellular Serum" is an interesting article by Dr. Wlaeff, of St. Petersburg. Dr. W. E. Casselberry, of Chicago, has a clinical lecture which presents a number of good laryngological suggestions. "The Pronunciation and Definition of Some of the Newer Medical Words" by W. A. Newman Dorland, M. D., of Philadelphia, will be found handy for reference. So many new words have appeared within the last few years that something of this kind is needed. Various other articles on medicine and surgery round out a volume which every practitioner will find valuable.

PRACTICAL FIRST PRINCIPLES.—Simplifying the study of normal and abnormal structure and function, and aiding diagnosis. Designed for the use of students and practitioners of medicine. By A. H. P. Leuf, M. D., associate editor of The Medical Council, Philadelphia. Published by The Medical Council, Twelfth and Walnut Sts. 8 vo., 105 pages, nearly 50 illustrations, almost all new and original. Price $1.00 net.

This work is original in conception, is true, and recognizes the detached mode of instruction now and always in vogue in the teaching of medicine, on which account it has been offered to the profession to make up this deficiency by supplying the connecting links between the various departments. To the student beginning the study of medicine, it gives a comprehensive resume of some of the most important principles which he has to continually apply, easing his understanding and greatly simplifying his studies. It teaches underlying principles and their general application, so that a fact learned of one tissue applies equally to all. Thus inflammatory processes are divided into acute or chronic, and parenchymatous and interstitial. Once the easily remembered facts of these inflammatory changes are understood of one tissue, they become applicable to all, so that if the histologic structure and the function of a part are known, its significance and symptomatology may be quite accurately inferred.

Beginning with protoplasm and the cell, it proceeds in sequence to the consideration of tissues, organs, ap-

paratuses, systems, the body as a whole, cell nutrition, cell physiology, cell pathology, general principles, their illustrative application, nomenclature, and an appendix dealing with an explanation of the microscope.

There are few men who do not need this book and none who can regret having it, provided they are true students and conscientious practitioners. To all such it will prove, as it was intended to be, a source of pleasure and of profit.

SYPHILIS—ITS DIAGNOSIS AND TREATMENT.—By William S. Gottheil, M. D., Professor of Dermatology and Syphilology, New York School of Clinical Medicine; Dermatologist to the Lebanon and Beth-Israel Hospitals, the West Side German Dispensary, etc. Profusely Illustrated. Pages 216. Price $1.00 net. G. P. Engelhard & Company, Chicago.

This is a work not intended for the syphilologist, but for the practitioner, who wishes a convenient, concise work on the subject. The book gives a brief history of syphilis and the latest conclusions regarding the nature of the disease and the best methods of combating its manifestations . The attention given to the diagnosis of the disease will be found very helpful to the general practitioner who does not see a large number of cases of the disease in its varied phases. Hereditary syphilis is considered at some length, as it should be. Especially valuable is the presentation of the local manifestations of the disease as its effect on the eye and ear. The treatment given is late and reliable and all that is needed for all practical purposes. The numerous illustrations elucidate the text and will be found useful for reference. The book is neatly bound in red cloth with gold lettering on the side and back. The publishers are favoring the profession with a series of practical, inexpensive books, which are thoroughly up-to-date.

BOOK NOTES.

Success for September has an unusual variety of instructive and interesting reading.

The September Ladies' Home Journal is replete with good things. Of great interest to us is a delightful description of a day at the home, in the woods, of Seton-Thompson the animal story teller.

McClure's Magazine for September is an issue which any thinking man will enjoy. "The Okapi" by Sir H. H. Johnston, its discoverer, is entertaining and instructive. The colored plate of this queer animal is of special value. An article by Prof. Newcomb on airships and another by Walter Wellman on the recent census are of special interest. Many other articles and some good stories make a magazine which we recommend.

With the September number Modern Culture Magazine of Cleveland, Ohio, begins its fourteenth volume, and the second year of its publication under present title and present management. The success which its publishers have achieved in taking over an educational journal which appealed to a limited class and converting it into a literary magazine of the very highest rank, has been richly deserved.

"A Knight of the Highway" Clinton Scollard's romantic idyl of the hopfields is published complete in the September "New" Lippincott Magazine. Dr. C. C. Abbott furnishes a delightful bit of human nature "In a Second-Hand Shop." Prof. E. P. Cheyney, of the University of Pennsylvania, writes on "Village Life in Mediaeval England."

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Obituary.—Dr. Thomas M. Markoe of New York City, died, Aug. 26th at the age of 82 years. For many years he was a leading surgeon of New York. He was well known as a teacher of surgery in New York colleges and hospitals.

Dr. George William Wells, of New York City, died Sept. 3d aged 60 years. He was editor of the Medical Examiner and Practitioner and was medical director of the Manhattan Life Insurance Co. His practice was limited to life insurance work.

Hon. Dr. N. S. Davis—Under the auspices of the Chicago Medical Society a banquet and celebration has been organized in honor of Dr. Nathan Smith Davis, M. D., LL. D., who is the oldest living president of the society and widely known and honored among the profession by his long connection with the American Medical and other associations. The banquet will take place at the Auditorium Hotel, Chicago, Saturday evening, Oct. 5th, 1901. The committee in charge consists of Drs. Christian Fenger, Jas. H. Stowell, W. S. Haines, F. X. Walls, E. F. Wells, and Arthur R. Edwards.

President McKinley.—The Medical News in commenting on the case says: It is evident that the surgeons, notably Drs. Mann and Mynter, with whom the first decision lay, acted with commendable promptitude and courage in undertaking the operation, and showed excellent judgment in its course and skill in its execution. They did all that could properly have been done and nothing that should have been left undone. The usual causes of death after such injury and operation, were escaped or removed or prevented, and the irpatient succumbed to a complication which is so rare that it could not reasonably have been anticipated, and could not have been averted. The President died because he could not carry on the processes of repair and because the effort to do so was more than the vitality of the tissues involved could support. This, of course, excluded the possible presence of poison brought by the bullet or of destructive action by the pancreatic juices. If either of those was a factor, lt needs only to substitute it in the statement for the assnmed defective vitality of the patient. Whatever cause acted, it was unrecognizable at the operation and uncontrollable then or subsequently. There has been some criticism of the confident assurances of recovery made by those in attendance after the fifth day. To us the progress of the case up to that time appears fully to have justified those assurances and the public anxiety to have required them. They did their work skillfully and judiciously, their behavior was dignified, restrained and worthy of the best traditions of the profession, and they had the misfortune, when success seemed to have been secured, of seeing it overthrown by a complication which could not have been forseen or avoided. They deserve our admiration and sympathy, not our criticism.

N. W. U.—Dr. A. P. Ohlmacher has been appointed professor of pathology in the Northwestern University

Medical School. He is a pathologist of note, is well fitted for this position and will continue the high grade of pathological teaching instituted by Dr. Fuetterer.

Cancer Paste.—Dr. Heidingsfeld, of Cincinnati, presented a paper on the treatment of cutaneous cancer at the meeting of the American Medical Association. He advocated the use of a paste containing arsenic and gum arabic, with cocaine added and ten per cent. of glycerine. He leaves this paste on twelve to thirty-six hours, and usually the application results in the destruction of the diseased tissue without injuring the healthy tissue and prompt healing follows.

Blood Changes from Ether—Drs. J. C. DaCosta and F. J. Kalteyer, of Philadelphia, have an article on the blood changes induced by the administration of ether as an anæsthetic in the last Annals of Surgery. Their conclusions are:

The number of red corpuscles is influenced by many factors associated with and accompanying the anæsthetic state. The character of this change is, as a rule, a polycythæmia; rarely, an oligocythæmia. These factors associated with and accompanying the anæsthetic state may be grouped into three classes. In each class when analyzed separately is found a cause capable of producing an increase in the number of colored corpuscles.

The nature of this polycythæmia seems best explained by a lessening of the watery elements of the plasma, thereby reducing the total volume of the liquor sanguinis, and consequently causing concentration of the blood. It seems reasonable to infer that the polycythæmia is not influenced by excessive proliferative changes, which probably occur in the hæmatopoietic tissues. The increased blood production is an effort of nature to rapidly restore the destroyed cells.

The three important factors incident to the polycythæmia are: (a) The period of preparatory operative treatment; (b) the anæsthetic state; (c) the post-operative stage.

The blood inspissation is, as a rule, most pronounced immediately after the termination of the anæsthetic stage. In some instances the anhydræmia may be increased by each succeeding factor, or one of those factors may exceed the other; for example, the preparatory measures may bring about such a high grade of concentration that during the anæsthesia the polycythæmia may be stationary, or in a few hours may lessen somewhat: This variation existing between the plasma and the corpuscles, although temporary (for the economy adjusts the balance of output and the intake of the watery principles of the blood with wonderful rapidity), should be regarded as too pronounced to be within the physiological limits. The relative increase in the number of erythrocytes is generally still present some time after the operation. But not infrequently the adjustment of the watery and solid elements manifests itself before this time, and an oligocythæmia may be present.

The hæmoglobin is always reduced absolutely; in some instances there is an apparent increase, but this rise in the percentage of hæmoglobin is never parallel with the rise in the number of red blood cells. The individual corpuscular hæmoglobin value is therefore reduced. This reduction in the color value of the chromocytes is most striking when the color index, ascertained some time before the operation, is compared with the blood decimal, determinad some time after the operation. We must conclude that etherization produces increased hæmolysis; and in nature's effort to rapidly replace

the destroyed corpuscles the regenerated cells are imperfectly supplied with hæmoglobin.

The duration of the anesthetic state and the amount of ether may influence the blood changes; but the extent of the disturbances could not be determined on account of the many modifying factors.

The amount of blood loss, as encountered in this series of cases, does not seem to effect the blood.

Whenever possible, one or more blood examinations should be made before giving general anæsthesia; and the examinations should be made before preparatory treatment has been instituted. On account of the hæmolysis, which is shown by the fall in corpuscular hæmoglobin after operation, a very low percentage of hæmoglobin must be regarded as a contraindication to the administration of a general anæsthetic. The amount which should be regarded as a positive contradiction is uncertain. We think, with Hamilton Fish, that below 50 per cent. is a dangerous level. In malignant disease, and in cases where surgery might prolong life briefly, but cannot cure, operation should not be performed under a general anæsthetic if hæmoglobin is below 50 per cent. We have operated in two cases in which the hæmoglobin was 40 per cent; in each instance a vital emergency existed, and in each case death upon the table was narrowly averted. Mikulicz sets 30 per cent. as the lowest level at which operation is to be attempted. We must not give a general anæsthetic, except under the stress of absolute necessity, if the hæmoglobin is below 40 per cent. It is true that cases are occasionally anæsthetized with success when there is less than 40 per cent.; we know of of one case with 30 per cent., and another with 24 per cent.; but a few exceptions do not disprove the rule. If there is a low percentage of hæmoglobin local anæesthesia should be employed whenever it is possible.

Whenever the percentage of hæmoglobin is low, if an operation is determined upon, the ordinary preparatory measures should be modified in every way, in order to avoid creating an undue drain upon the blood. If a general anæsthetic is given, its administration should be intrusted to an experienced man; as little as possible should be given; in many cases oxygen should be combined with it; the operation should be performed rapidly; proper measures should be taken to bring about reaction after its completion, and oxygen should be inhaled to remove the ether quickly from the lungs and blood.

Formaldehyd in Tuberculosis—Dr. W. R. Huggard has a comprehensive article on the treatment of pulmonary tuberculosis, in the Philadelphia Medical Journal. The use of formaldehyd in this disease is increasing, with good results. Regarding this he says: The most valuable agent that I am as yet acquainted with for modifying the bronchial and pulmonary secretions is the vapor of formaldehyd. For the last three years I have used this drug extensively, and with more and more satisfactory results. When steadily used it generally causes the secretions to be less purulent and more mucous, at the same time diminishing the amount and rendering expectoration easier. Where the use of the drug has been steadily persisted in for months tubercle bacilli have, as a rule, also become less numerous, and in some old cases even have disappeared. The mode of employment requires a little care. The best way, in my opinion, to use formaldehyd is my means of a muzzle inhaler. The strength of the solution should at first not be more than two or three per cent. in rectified spirits of

the ordinary forty per cent. solution. The addition of some essential oils renders the inhalation quite agreeable. Only from five to ten minims at first should be put in the inhaler, and this quantity should be renewed every fifteen or twenty minutes, the entire time of inhalation being from two to four hours a day. The strength may be gradually increased up to six or eight per cent., and sometimes even to double that amount. If cough is very irritable, chloroform may be added to the inhalation. From independent observations I am strongly of opinion that chloroform, apart from its soothing influence on the cough, has in some cases a beneficial influence on the disease. It must, however be used with judgment. I have known it seemingly to give rise to pyrexia, by causing retention of secretion. The inhalation of formaldehyd, on the contrary, tends to considerably diminish pyrexia due to the absorption of toxins. Formaldehyd has another advantage. If not too strong, it diminishes irritability in the pharynx and larynx. It is however, very irritating to the eyes and nose, and for this reason should be used only with an oral inhaler, or, if the Burney Yeo oro-nasal inhaler is employed, it should be placed below the nose.

Burns—Dr. F. Griffith writes a suggestive article on burns for the Medical News which is worthy of careful thought. What he says about hydrogen peroxide is specially true, as we know that diluted hydrozone is a very valuable application. The Philadelphia Medical Journal thus summarizes Dr. Griffith's article: (1) Burns are the commonest of injuries and of all wounds they are treated least in accordance with now universally taught and accepted surgical principles. (2) Burns may be divided into two degrees of severity; burns of the first degree involve the skin only, those of the second degree include all others. (3) The pathology of burns, is the pathology of inflammation of the part locally affected with almost all the morbid changes possible in the complications which result. (4) Early death and internal complications after burns are due to direct action of heat, with fragmentation and vital change in the blood-corpuscles; later effects are due to infection taking place from the burned area. (5) The conditions of the granulations during the healing of burns is the determining factor in the amount of contraction and subsequent deformity which takes place. The greater the friction caused by irritation from whatever source, the larger will be the granulations, the greater the amount of connective tissue and the greater will be the contraction. The local treatment of burns from the earliest times has been along the lines of prevention of irritation, but the late advances made in wound treatment have not been followed out in these. (7) The burn wound should be cleansed of as much dead, burned tissue as possible; the thoroughness with which this clearing away of the eschar is done will determine in a great measure the amount of future discharge, and the presence or absence of infecting organisms. (8) Hydrogen di-oxide to wash away the debris and render aseptic the denuded parts is the best antiseptic at our command; rubber tissue in strips should be laid on the wound to prevent contact with the absorbent dressing. (9) The use of splints to secure relaxation and retention in obtaining rest for a burned part is of great importance and is as much indicated in this form of injury as in fractures of the contiguous bones. (10) The internal treatment of burns is stimulative until reaction from shock has taken place when it becomes supportive. (11) Opium fulfils the indications for pain, internal inflamma-

tions and diarrhœa. (12) The bowels and kidneys must be continuously kept open, but enemata only should be employed. (13) Watchful attention must be paid to early signs of internal complications of the viscera.

Muscular Asthenopia—Dr. H. N. Hoople has a very practical paper on asthenopia in the Brooklyn Medical Journal. We have often verified his statements regarding the treatment of muscular irregularities. Many cases are cured by correcting errors of refraction, the administration of tonics and careful attention to the general condition of the patient. Dr. Hoople says: So far, the ciliary muscle alone has been considered; and in the great majority of asthenopes this is the chief one at fault. Sometimes the ciliary muscle is less disturbed than the external ocular muscles, the latter working inharmoniously, or being in a state of anarchy. Causes capable of producing impairment of function of the ciliary muscle may also affect the external ocular muscles. Graddy maintains that the latter are affected only because they are the servants of the former. Valk dissents from this and finds the external ocular muscles disturbed apart from the relation of convergence to accommodation, due, as he supposes, to the existence of a separate center for fusion from that which controls fixation. Differences in theory are accompanied by like differences in practice. Dyer and Savage, supposing the muscles to be essentially weak, advised frequent and rhythmic exercise with accommodation and prisms. Gould elaborated the exercise of carrying the weighted convergence stimulus from the near point to the far point. To him the muscles were not weak, but simply needed central stimulation. Others regarded the anarchy as due to inequality of power in the muscles, and therefore sought to regulate their action by tenotomies and advancements. Those who thought the interni or superior recti were too strong did tenotomies on those muscles to meet the indications. Those who thought the externi were too weak advanced them. It is doubtless true that relief in many cases has been obtained by all the methods; it is doubtless equally true that failures have been scored by all of them. It is worthy of note that attention to coexisting troubles in other organs has given relief of asthenopia without resort to a method of treatment arising from any of the current theories. I have seen a muscular asthenopia disappear under simple tonic treatment or a sojourn in the country. It frequently follows cure of uterine trouble. I have repeatedly caused its disappearance by removing faulty conditions in the nose. In conclusion I have only this to say, that I hope to see the time arrive when muscular asthenopia, so called, shall be recognized to be but a symptom of disturbance of a part of the sympathetic nervous system.

X-Ray in Cancer—A number of clinicians have recently reported some very good results in the treatment of epithelioma with the X-ray. The August issue of the American Electro-Therapeutic and X-Ray Era, has considerable on this subject. Dr. F. H. Blackmarr, of Chicago, has an interesting original article on the treatment of lupus and cancer. In concluding his article he says:

In regard to my theory for the therapeutic results of X-ray treatment, I quote from an article published in the Clinique some time ago. I have not changed my mind at all since, in fact, the longer I work with this wonderful influence the more I am convinced that this theory is the most satisfactory one yet advanced. The theory which I have to offer for the results

obtained by the methods I have used may be somewhat radical. We have proven in the laboratory that the X-rays will produce a marked influence in the number and development of the white blood corpuscles. When in a man's system an alarm arises against the insidious advances of cancer, the defense invariably is an increase of the leucocytes with a vitality commensurate with the vitality of the system attacked. If there is no debility, the increased number of the colorless cells with their unimpaired vitality will inclose the virulent microorganisms of cancer and destroy them. These cases never progress far enough to be pathognomonic; they are aborted by the germicidal leucocyte. Far different in the case of a man who is physically below par. Like will never produce anything but like; thus, although the white cells increase and multiply in enormous and ever-increasing numbers, from nature's determination to raise her only adequate barrier against the enemy's encroachment, the effort is vain. The cells are more than sufficient in quantity, but the quantity of vitality is absent. A survival of the stronger results and the man succumbs. Now, in our treatment, I believe that the terrific vibratory action of the ether exercises a molecular vibratory influence upon the cell structure and imparts to it such a recuperative influence that it is more vital than the pathogenic organism and destroys it. In addition there is produced a stimulation of the muscles and nerve cells. This result obtains very gradually. Comparatively few cells are influenced at first. These pass on into the circulation with their acquired stimulation, and are added to by each successive treatment. At last, the scavenger of microbe life, the leucocyte, furnished by the X-rays, with a full measure of its characteristic power, sweeps from the body of the deadly organism and the man recovers. It is impossible that the X-ray burn is produced by heat, as some physicists contend, because heat has its origin in the transverse vibratory action of ether, and the X-rays manifest themselves otherwise. I believe that the burn is a burn produced by friction, not of ether paticles, so called, but of the irregular molecular activity caused by the irregular vibratory action of the ether. It is impossible to have friction in ether per se; in matter it is possible, but ether has the property of transmitting molecular action action to matter.

The following is an abstract of an article on the same subject in the Philadelphia Medical Journal, by Drs. Johnson and Merritt:

Case 1—Epithelioma of face in a man of 45, recurrent after excision; fifteen exposnres, given every other day. Six months afterward healed with healthy cicatrix. Case 2—Ulcerating epithelioma of nose. Exposures of six minutes, given on alternate days. Healing when last seen. Case 3—Ulcerating epithelioma of lip. Exposures as before. Discharge lessened and became less offensive, but tumor did not disappear. Case 4—Recurrent cancer of breast after excision. No change in the recurrent nodula, but pain relieved. Case 2—Epithelioma of nose. After two months' treatment ulcer healed and tumor diminished in size. Case 6. Epithelioma of nose cured after a month's treatment. The doctors recommend a soft or low vacuum tube. The healthy skin is protected by tinfoil. The object is to cause a mild inflammation of the diseased tissue, gradually increasing its severity till there is a burn which requires six weeks to heal. Treatment is then suspended for a month, and if a complete cure is not then in prospect the process is continued. They recommend the method even in inoperable cases, since it gives relief from pain.

BRIEF MENTION.

Make the cells work.—Dr. John Aulde.

We can't help the past, but we can look out for the future.—Phil. Armour.

Avena sativa is a useful tonic, nutrient and sedative to the nervous system.

Dr. Kellogg's funis rings are all right in every way. Send for a sample.

If you want to buy or sell a practice write the American Medical Agency, St. Louis.

If you want to cure your dyspeptics use Dr. Becker's compound digest. Sample free.

Truth is the greatest trust in the world but the least monopolized.—Robert C. Auld.

Make the most and the best of yourself. There is no tragedy like a wasted life.—Success.

In treating the exanthemata strychnine arsenate should be given to prevent exhaustion.

Have you tried lanikol on some of your obstinate skin diseases. If not, get a sample at once and try it.

If you once start to use ecthol you will never again practice without it. Send for sample and try it.

Maltzyme with cascara sagrada is is a useful remedy in constipation. It not only relieves, but often cures.

In neurasthenia, Daniels' passiflora incarnata has given some excellent results. Send for literature and sample.

Milkine is a food of unsurpassed value. It is good for infants, invalids and everyone needing a concentrated, easily digested food.

Send your address to Sharp & Smith, Chicago, for their monthly bulletin. It will keep you posted on new things in instruments.

Dr. J. R. Lemon, of St. Louis, recommends Hagee's cordial of cod liver oil compound, because it is easily assimilated and pleasant to take.

If you have any epilepsy cases which you cannot cure write Dr. Towns, of Fond du Lac, Wis., about them and he will give you some useful counsel.

The Alma Sanitarium, under the management of Dr. Geo. F. Butler, has become a leading institution of the country, giving satisfaction to patrons.

Arsenauro has a great variety of uses as a tonic-alterative. When prescribing be sure you get the genuine, and not some cheap, inefficient substitute.

For clean, efficient, honest pharmaceutical preparations at reasonable prices no firm surpasses the H. M. Merrell Co., Cincinnati. You should get their price list.

If you treat diseases of the nose and throat you need sabalol spray and sabalol throat tablets. It will pay you to send to T. C. Morgan & Co., New York, for a supply.

Fellows' syrup of hypophosphites overcomes neurasthenia by building anew the elements of the nervous system; with this restoration of structure there must follow normal functional activity.

A preparation which you need is Tyndale's solution, prepared from the eucalyptus. The Tyndale Eucalyptus Co., Geneva, Ill., make a number of eucalyptus preparations which are worth investigating.

Much of the prejudice against quinine has been caused by impurities in the preparations used. Use Dad's quinine and you will get good results without the usual objectionable action of ordinary quinine.

Ichthyol is very good in acne vulgaris aud acne rosacea. In the former strong external applications can be borne, but in the latter much weaker strengths must be used. The best results are obtained when external and internal treatment are combined.

Dr. W. H. Burns, 528 N. 22d street, Philadelphia, writes: "I am much pleased with the results from the use of neurilla, and wish to continue its use. I shall have my druggist stock same at once.

No matter how careful you are, some day you may get into a malpractice suit. If you have a policy with the Physicians' Guarantee Co., of Fort Wayne, Ind., you will not be troubled, as the company will protect you.

When you need an office table, chair or cabinet, it will pay you to write the W. D. Allison Co., Indianapolis. They have recently put on the market some new office furniture specially made for nose and throat specialists.

This is what a Texas doctor says: "For promptness in business and honesty in dealing none can excel The Abbott Alkaloidal Co., of Chicago. Besides that I have found no medicines to act more promptly in emergencies than the granules, so shall continue to use them.

Every physician who desires to cure such diseases as catarrh, diabetes, nervous debility and other intractible chronic diseases should send to Dr. Koonse, Lafayette, Ind., for literature, which will be sent free on request. Entirely new and merits the consideration of every progressive physician.

Iodomuth is being used with pleasant results by many eminent surgeons. Dr. W. Harper Sloan, of Philadelphia, says: "The dressing for wounds, discharging surfaces, etc., which is effective and practical, as well as scientific, is supplied in iodomuth, which is thoroughly antiseptic and sedative, without the unpleasant odor of iodoform."

THERAPEUTICS.

CHRONIC GASTRITIS.

REPORT OF A CASE

By Dr. Chas. J. Pollard, Princeton, Kentucky.

Read before the Meeting of Kentucky State Homœopathic Medical Society, May 29, 30, 1901.

Chronic gastritis is a condition of the stomach almost daily met with in this country in more or less well developed form, and to successfully treat these cases as they come to us is a goal we all desire to reach.

This disease is almost invariably associated with more or less indigestion manifested by many portain symptoms and accompanied by more or less active vomiting of the ingested materials.

The gastric secretions are almost without exception abnormal, many fermentative changes taking place in stomach contents, thus necessitating lavage more or less frequently for its relief.

The report and treatment of the following case, while not strictly in accord with true homœopathic prescriptions, perhaps, was so prompt in effect and has proven so lasting in results that I shall be willing to shoulder any censure that may be heaped upon me.

On May 21, 1900, Mr. H. came to me from an adjoining county and applied for treatment, having been through the hands of two old school physicians, in the last four years.

His age, 57; average build, lean, languid, dull, expressionless eyes, coated tongue, dirty, sallow colored skin, gave history of indigestion for last four years, characterized by eructations of sour materials, pain after eating, nervous depression, sleepless nights, constipation alternating with occasional attacks of diarrhœa, vomiting, not marked, loss of flesh, weak pulse, flabby muscles, in fact, a typical case of gastric catarrh in its chronic form.

From the history of treatment and the many symptoms pointing to the drug, I prescribed nux vomica and diluted muriatic acid after meals, believing the digestive fluids deficient in quantity. The patient reported some improvement in two weeks, his medicine was repeated and he was cautioned about diet, as formerly.

He reported again on the 21st day of June, 1900, and gave the history of an attack of rheumatism one week before, but still improving slowly of his stomach trouble.

In the meantime I had been studying this case arduously, I read of a case having been successfully treated with hydrozone and glycozone, then I concluded to use these as adjuvants when patient returned.

Owing to impossibility of regular lavage, I furnished patient with two ounces of hydrozone and directed him to add one ounce to a quart of sterilized water and take half a tumblerful half an hour before meals.

This, you will perceive, would procure a clean surface for the oncoming meal, though for the first few days it produced some discomfort he said from accumulation of gas.

Immediately after meals he was ordered to take a teaspoonful of glycozone in a wineglassful of water and three grains of nux vomica.

The next report was the 16th of July, when the improvement was very marked in his general appearance; patient was then able to eat without any dread of pain or discomfort.

Prescription was repeated and by August 1st all signs of any lesion of stomach had disappeared. Patient claimed to be well for the first time in four and one-half years.

Treatment was discontinued of course. I saw the patient recently

and he had practically no trouble since last August.

Dr. Finlay Ellingwood, in his excellent Materia Medica, says glycozone is one of the best manufactured products of the present time in its action upon enfeebled disordered stomachs, especially if there is ulceration or catarrhal gastritis.

It is the most efficient preparation and I shall use it freely in the future.

ANTIKAMNIA AND HEROIN TABLETS.

Our readers will find in this number the announcement of a new remedial preparation, viz.: "Antikamnia and heroin tablets," each tablet containing $\frac{1}{12}$ grain heroin hydrochloride (muriate) and five grains antikamnia. All members of the medical profession should familiarze themselves with this combination and we respectfully advise our readers to look up the advertisement and send for samples. The advantages of this tablet are fully illustrated by a report of the cases submitted by Dr. Uriel S. Boone, professor of pharmacology and surgery, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner the synergetic action of these two drugs:

Case I. J. P. Athlete, suffering from an acute cold. On examination found temperature 101 degrees, with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed antikamnia and heroin tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

Case II. Ed H., age 30. Family history, hereditary consumption. Hemorrhage from lungs 18 months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on antikamnia and heroin tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights, and while I am aware he never can be cured, relief has been to him a great pleasure and one that he has not been able to get heretofore.

Case III. William S., age 28; lost 25 pounds in last 30 days. Consulted me July 9. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101 degrees, with night sweats and a very troublesome cough with lancinating pains. Prescribed $\frac{1}{100}$ gr. atropine to relieve the excessive night sweats and one antikamnia and heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

Neither in these nor in any other of my cases were any untoward after-effects evinced, thus showing a new and distinctive synergetic action, and one which cannot help being beneficial and useful to both patient and physician.

ENURESIS.

By Wm. H. Anderson, M. D., Soda Springs, Idaho.

I used sanmetto in the case of a young miss thirteen years of age, who was becoming a regular "wet the bed." I had tried all the usual remedies, but failed to make a cure, so I tried sanmetto and the result was a perfect cure, as she has not been troubled since the first treatment with sanmetto, and I inquired today, and was informed that she had attended school, traveled two hundred and fifty miles, losing two nights sleep, but the trouble has not returned.

Therefore I call this a cure in every sense of the word, and another triumph for sanmetto. I can say that in over forty-six years practice I have never found a medicine that is as near a specific for the purpose intended as sanmetto.

MOUTH BREATHING.

The spirodom is thoroughly effective as a preventive of mouth breathing. It consists of a rubber plate, properly moulded, which is to be worn between the lips and the teeth, and which is provided with safeguards to prevent its entrance into the interior of the mouth. It is so light and flexible that when in position its presence is hardly perceptible, and its use affords such comfort that a person so accustomed it would not willingly discontinue it. It can be worn by children of 6 and 7 as well as by adults, and as the materials of which it is made, rubber and aluminum, are not effected by the saliva, its use is quite harmless. The spirodom is a valuable aid in the treatment of all ailments caused or intensified by mouth respiration. Dr. J. H. Kellogg, of the Battle Creek Sanitarium writing of the spirodom, says: "It impresses me as being a good thing." For particulars, write to John A. Perou, San Diego, Cal.

ANÆMIA.

By H. P. Loomis, M. D., N. Y. City.

Case I.—F. B.——, female, aged 22, was admitted to the hospital suffering from insufficiency of the mitral valve. Presented the pale and anæmic appearence seen in cardiac disease. After the patient had improved so that she was up and about the ward she was put on the pepto-mangan (Gude). The examination of the blood at that time showed eight and one-half per cent. of hæmoglobin, and 2,600,000 corpuscles to the cubic milimetre. After taking the preparation twenty-five days the hæmoglobin was eleven per cent., and the corpuscles 4,000,000.

Case II.—C. V.——, aged 15, presented the ordinary appearances of the anæmic girl at the age of puberty. No organic lesion. Hæmoglobin eight per cent., corpuscles 2,800,000. The examination of the blood after taking the pepto-mangan (Gude) forty days showed that the hæmoglobin was normal in amount, and there were 4,000,000 corpuscles to each cubic millimetre of blood.

Case III.—M. M——, female, aged 24; six weeks after ovariotomy; presented a markedly anæmic appearance. Had shown a slight improvement in color after taking Blaud's pills for three weeks. These were stopped and the iron and manganese preparation given. Examination of blood showed eight per cent. hæmoglobin, and 3,200,000 corpuscles per cubic millimetre. After forty-eight days the hæmoglobin had increased two and a half per cent., and the corpuscles 1,300,000.

In most cases the pepto-mangan (Gude) had no constipating effect. Of eight cases in which accurate notes were kept, all showed a marked improvement in the increase in hæmoglobin and red blood corpuscles.

TAPEWORM.

By H. R. Simon, M. D., Valmy, Wis.

I have used Dr. Gray's tapeworm remedy and can recommend the same to the medical profession as a complete specific. It is not disagreeable to take, has no bad aftereffects and seems certain in expelling the entire worm, head included. There is no period of abstinence from food necessary, as is necessary with most remedies for the expulsion of tapeworms and is quite annoying to the patient, thus making this an ideal specific for the expulsion of teniae.

THERAPEUTIC CULLINGS.

Asthma—
℞ Potassii iodid, ʒijss.
Tinct. lobeliae, ʒiv, mx.
Syr. sarsaparillae comp., q. s. ad. ʒij.
M. et S. Teaspoonful every two hours until relieved.—Anders.

Asthma—
℞ Sodium iodide.
Sodium bromide, aa, gr. ij.
Ethereal tr. lobelia.
Fl. ext. euphorb, pil., aa, gtt. iij.
Nitroglycerin, gr. $\frac{1}{100}$.
M. et S. Take at one dose and repeat in half an hour if needful.—Jackson, Med. Record.

Burns and scalds—
℞ Chiolin, ʒiv.
S. Apply freely. This has given some unusually good results.

Chorioditis—
℞ Mercauro, ʒj.
S. 10 to 20 drops after meals.

Cystitis—
℞ Liq. potassae, ʒij.
Mucil. acaciae, ʒj.
Tr. hyoscyami, q. s. ad., ʒiv.
M. et S. Teaspoonful every four hours.—Foster.

Cystitis—
℞ Salol, ʒij.
Tr. hyoscyami, ʒij.
Infus. buchu, q. s. ad., ℥vj.
M. et S. Tablespoonful three times daily.—Fothergill.

Dyspepsia, flatulent—
℞ Magnesia,
Calc. phos.,
Powd. charcoal,
Sulphur sublim, aa. ʒij.
M. et S. Teaspoonful in water as needed.—Richardson.

Fetid breath—
℞ Thymol, gr. viij.
Spir. vini rect., ʒj.
Glycerine, ℥ss
Formol, gtt. viij.
Aquae, q. s. ad. ℥viij.
M. et S. Use as mouth wash.—Medical Record.

Glaucoma—
℞ Eserine salicylate, gr. $\frac{1}{6}$.
Pilocarpine hydrochlorate, gr. iij.
Cocaine hydrochlorate, gr. iss.
Distilled water, ℥ i to ij.
M. et S. Drop in eyes at bedtime.—Merck's Archives.

Gonorrhea—
℞ Ext. adrenal, ʒij.
Cresol, mv-x.
Aq. et glycerin, ad. ℥j.
M. et S. Use as injection, one drachm every three or four hours.—Jarvis, Int. Med. Mag.

Orchitis—
℞ Ichthyol, ʒiss.
Lanolin, ʒj.
M. et S. Apply.

Pernicious anemia—
℞ Fowler's solution, ʒiss.
Acid Phosphate, ʒiij.
Bone-marrow extract, ʒviij.
M. et S. Dessertspoonful after each meal.—Medical Record.

Prostatitis—
℞ Ichthyol, gr. ij.
Ext belladonna, gr. j.
Cocoa butter, q. s.
M. et S. Suppositories No. vj.

Psoriasis—
℞ Olei cadini,
Sulphuris sublimati, aa, ʒj.
Acidi salicylici, ʒss.
Unguenti hydrargyri nitratis.
Unguenti zinci oxidi benzoati, aa, ℥ss.
M et ft. ungt.—Shoemaker, Med. Bulletin.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

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LEADING ORIGINAL ARTICLES.

INGUINAL ADENITIS.

By Charles C. Miller, M. D., 410 Second St., Memphis, Tenn.

Buboes, or the blue ball of the patronizing public, a common condition which falls into the hands of the practitioner for treatment, and to too many its possessor is an unwelcome patient, to be gladly avoided if it lay to their choice. Yet with proper management and a prognosis which offers not too immediate relief they may rank among the most satisfactory of his patients.

Before speaking of the treatment which will take up the greater volume of this paper we would call attention to their idiopathic production, but urge a most careful and thorough physical examination which will diminish to an extent the number under this classification. Yet after a study of every aspect of the case there will still remain a distinct proportion which must be classified as above.

As an initial step to the treatment of these conditions we should offer a guarded prognosis as to the time which will elapse before complete resolution occurs and we should carefully avoid any details regarding the varying phases which might arise during the process.

In the incipiency where the glands are just palpable or the entire process has about reached the size of the last phalanx of the thumb, they may be frequently dispelled by repeated daily applications of liquid guaiacol. This may be used in the pure form, eight or ten drops being rubbed in with the tips of the fingers, or a solution in glycerine, one to two or one to four, may be applied in greater quantity. This will be found more efficient than tincture of iodine, that old remedy so well known to all the public and which in a majority of cases has been applied repeatedly before consultation. But if desirous of using iodine locally we may gain more effect by carrying the drug in with the aid of an electric current. Should the gland fail to recede under this treatment a pressure bandage may cause a rapid reduction in its size. In the application of a spica it will be found much easier to apply if no attempt to secure the necessary pressure is required. In order to accomplish this the surgeon should be seated in a chair, the patient standing before him resting the foot of the affected side on the lower rung of the

chair; the spica can be snugly applied and on straightening the limb a continuous pressure will be secured upon the engorged glands.

Where the glands are greatly swollen and the tissues over them are oedematous, indicating pus in the tissues surrounding the glands, I find an incision, which need not be over one inch long and which allows free drainage, followed actively by the measures outlined above, will result in a great many in resolution without disintegration of the glands, besides relieving the tension and incidentally the pain which has so materially affected the comfort, appetite and sleep of the patient.

Although we must give, to an extent, secondary place to constitutional treatment in this distinctly local condition, many drugs will aid not greatly but to a degree which will be well worth their application. Here, perhaps, is a most opportune time to decry an evil which has rooted into some surgical minds. I speak of the oft-made remark, "I have no confidence in drugs," which we hear so frequently from the enthusiastic surgeon, and we would call attention of this complacent egotist that wherever he rends his way through the human anatomy indelible traces remain, and if each illness yielded only to his willing knife ours would be a checkered epiderm.

So, briefly, a combination of some of the following should be tried: The iodides, mercury, gold, the phosphates, hydrastis, stillingia, guaiac; and although but briefly mentioned their use should never be omitted.

Diet requires attention in so far as the whole lymphatic system is engorged by certain foodstuffs and their avoidance will go to an extent in making up the whole curative treatment, and a limitation of the amount of sugars will usually be of service.

Hygienic surroundings and personal cleanliness will prove to be distinct factors in these conditions, indisputable evidence being furnished by the far greater number of patients from the lower walks suffering from gonorrhoea or chancroids who develop buboes. To a degree this will be dependent upon their lessened vitality, and all patients with symptoms of blood dyscrasia should receive adequate treatment with haematonics as well as being instructed in personal cleanliness. And as a point of interest I may as well mention that all syphilitic buboes in my observation which have pursued other than an indolent course have been in this class of patients.

All these measures outlined above have in view the prevention of total destruction of the glands and before they are put into effect it is well to explain the nature of the condition to the patient so as to dispel any illusion from ancient sources that it is best to allow these cases to suppurate and thus rid the blood of the toxic matters discharged in such a course, otherwise an unfortunate coincidence or the persistent remarks of friends illiterate in medical matters will mar well-earned laurels and lose future patients for you.

While writing there stands out vividly before me a brilliant success which nevertheless effectually destroyed my reputation in a certain coterie. A neglected case of double inguinal buboes first consulted me when pus had formed; lancing both, I secured from each about one-half a dram of pus, and with free drainage and active treatment the glands returned to normal, rapidly. Resolution had hardly been completed before a large bubo appeared upon the neck and my professional ability was severely questioned for driving in the blue balls.

Those of us who are surgically inclined are prone to look upon these as lesions demanding radical surgical intervention, and though it will be suc-

cessful in every case I doubt and question whether the advantages gained will commensurate for the inconvenience to which the patient is placed in many cases.

In so far as the procedure itself is concerned, it is safely and easily accomplished, requiring no surgical skill or any number of instruments. A single scalpel is sufficient in most cases, though it is well to have at hand a pair of forceps with which any small vessels that persistently bleed at the base of the mass may be twisted though the packing will effectually control this.

The incision is made over the tumor mass, and where the skin is inflamed free capillary bleeding will occur, but no attention is to be paid to this. The glands are to be enucleated by sharp dissection rather than by tearing them out, as is not infrequently practiced. When all have been removed, if no pus whatever has appeared in the wound and proper aseptic precautions have been taken, union by first intention may be expected and the parts sutured together without drainage, if all haemorrhage and visible oozing have been stopped. If a particle of pus has escaped from one of the distended glands or has been found in the cellular tissue, according to my experience, no amount of cleansing with aseptic or antiseptic fluids will in any number of cases secure primary union so that packing with gauze and healing by granulation will be found the most usual termination.

Where the glands are broken down to a greater or lesser extent, the Volkmann spoon should be used, and any remnants of the glands removed afterwards by dissection and then packing the wound. When pus is present before packing, it is well to swab out the cavity with some strong antiseptic, of which a solution of bichloride of mercury will be found efficient.

The after-treatment, when the wound has been packed, calls for cleanliness, and to obtain which, if peroxide of hydrogen is used, owing to the acid which is present in most products, there will be considerable smarting, to avoid which it is best to neutralize the peroxide at the time of using with bicarbonate of soda. This is not to be done to a stock solution, for rapid deterioation will usually occur.

And in closing, the practitioner is again urged to note the non-surgical treatment, and to remember that these, as a rule, are not the ugly customers, which he is led to believe, and that vigorous treatment along proper lines will cause them to yield kindly without radical surgical intervention in the great majority of cases. And if necessary in the small majority, he can safely with the aid of a single trained assistant as anesthetist easily exterpate the offending glands.

TREATMENT OF GONORRHEA.

By George J. Monroe, M. D., 30 Courier-Journal Building, Louisville, Kentucky.

There are many methods of treatment of gonorrhea. A vast number or medicines have been used at one time or another. Nearly the entire materia medica has been used for this purpose, either by mouth or injection into the urethra and rectum. I believe there is no known country but what gonorrhea and syphilis can be found to a greater or less extent. It is more generally found among the civilized part of the world than among the heathen; the christian world has carried it to the heathen.

The disease is sometimes very obstinate, and we are prone to use anything that is recommended for its cure. If the disease is cured, the last medicine used receives the credit and this is the remedy we recommend in

its treatment. This explains why so many different things are used in its treatment. We are apt to swear by the bridge that takes us over the stream.

Now I am certain that many remedies will cure gonorrhea, and hence we have a large assortment to select from. The remedy which will effect the cure the most speedily, of course is the one to be selected. This I notice, however, varies with different practitioners and also with different patients. Some physicians' gonorrhea patients almost universally run into the chronic condition, while others seldom ever have a chronic case. Some patients are much worse to cure than others. This I think depends upon immediate surroundings, care which they take of themselves, diet which they eat, stimlants which they use, cleanliness and other habits. No patient will do well with a gonorrhea and continue to drink beer or wines; whisky is not nearly so harmful. There seems to be something about beer that irritates a gonorrheal urethra. I have frequently noticed patients to be doing very well, the pain gone and the discharge nearly ceased, when on taking a few glasses of beer they are as bad as ever. Smoking is another habit that disagrees with a clap; chewing, apparently, does very little harm. Therefore, in the treatment of gonorrhea by any method we should prohibit the use of stimulants, especially beer and wines, and we should also have our patients discontinue smoking. I believe that coffee is objectionable in gonorrhea; I am not certain about tea, but it is probably best to discard both of these. Sexual intercourse and sexual excitement should be prohibited, Not long ago I was treating a young fellow for gonorrhea and had him nearly well. An acute inflammation began again, and I presumed he had again been infected, but he absolutely declared that he had not. He told me, however, that he had attended an excursion on the river and danced considerably. In dancing with one lady he had sexual desire and the second day following, the inflammation ensued.

Protargol just now seems to be the favorite injection for gonorrhea. I have cured patients with it in fifteen days, but generally it takes from twenty-five to thirty days. I have also cured patients fully as speedily with the permanganate of potash, I recently had a case of gonorrhea where protargol increased the inflammatory action and also increased the discharge. This result did not follow once or twice, but every time the injection was used and I had to discard its use. I changed to permanganate of potassium one grain to the ounce, which cured the case in a few days. Protargol as a rule is a very safe remedy and one that is not liable to do any harm. I I use four or five grains to an ounce of water; water dissolves it very readily. We can use ten or fifteen grains, but this is not necessary, as the five grains will accomplish as much as a stronger preparation will. I dissolve it in a dark bottle, as the light seems to injure it. I have the patient urinate and then inject an ounce syringeful into the urethra, letting it pass out immediately. I then have him repeat the injection, and this time pressing upon the meatus, retaining it from five to ten minutes. Let this pass out without stripping the urethra towards the scrotum. The injection should remain quietly in the urethra. We may then have him inject another syringeful, allowing it to pass out at once. This method of injection may be repeated twice in the twenty-four hours. I do not think anything is gained by using more often.

I always begin the treatment by giving the patient calomel. I give one grain of calomel and one grain of soda bicarb. every hour until ten grains of each are taken. I follow this in

about eight hours with a tablespoonful of castor oil or one or two seidlitz powders. I am hardly able to explain why the calomel acts beneficially, but we will notice, when it begins to act, the frequent desire to urinate to a great extent subsides; the amount of urine is increased. I believe that calomel is one of the very best diuretics we have, anyway. After the calomel acts well I keep the bowels in a soft condition by vichy water or a seidlitz powder once or twice a day. I also give somewhat freely the citrate or acetate of potassium, well diluted in water, about three times a day. I have the patient also drink water freely. The urine soon becomes bland and unirritable. With this method of treatment we usually cure our patient in three or four weeks time. I have noticed that ten grains of sulphate of quinine taken two or three times a week materially aids in expediting the cure.

We will have nearly the same result if we use the permanganate of potassium, one grain to the ounce. Or, we may use Merrell's liquid hydrastis canadensis, one drachm to the ounce of water. I am in the habit, anyway, of using for a few days after the discharge ceases, and all soreness subsides, the injection of the hydrastis, one drachm to the ounce. This seems to leave the urethra in a better and healthier condition than does the protargol or permanganate. There is one beauty about the protargol, it can be used in the very earliest stages of the disease.

I wish to report three cases:

Mr. A. applied to me upon the first appearance of the discharge. I placed him upon the injection of the protargol, five grains to the ounce. I also gave him the calomel, quinine, vichy and citrate of potassium. Discharged him cured on the twenty-fourth day.

Mr. G. about in the same condition as Mr. A. I placed him upon the permanganate, in connection with the other medicines. I discharged him upon the twenty-ninth day.

Mr. M. applied at just about the same stage as the two previous. I gave him the calomel, seidlitz powder, vichy and quinine. Gave him the citrate of potassium quite freely and had him drink all the water he could. Did not have him use any injection whatsoever, no local application of any kind. I discharged him entirely well on the thirty-first day. I have treated two patients since that time in exactly the same way; discharged one on the thirty-second day and the other upon the twenty-fifth.

Is it possible that we derive no benefit from injections? I felt guilty in not using them and was surprised at the result. It has nearly decided me to discontinue the use of injections. Perhaps we will find that gonorrhea is a self-limited disease; that it will get well without treatment. It appears to me necessary upon general principles, to keep the bowels and kidneys active. I am at least satisfied this can do no harm. That injections are necessary I am beginning to doubt. I do not believe we ever would have a case of stricture if we used no injections or other local treatment. I do not believe that gonorrhea of itself will produce a stricture. I think the local manipulations are the cause of stricture. What a relief it will be to the patient, as well as to the physician, if we find we can dispense with the injections. I have not experimented sufficiently to be able to speak in positive terms relative to the dispensing with injections. I have only three cases to draw my conclusions from, but I will continue my experiments until I have sufficient quota to decide upon. You will probably hear from me again in regard to the subject.

Attention to details brings success.

HYPNOTISM IN MEDICINE.

By J. R. Etter, M. D., Crawfordville, Indiana.

Read Before the Montgomery County Medical Society, June, 1901.

In writing a paper on "Hypnotism in Medicine," I am fully aware that I tread on ground not very familiar to the profession. In defining hypnotism, we are lead very near the verge of the known with the unknown. There is what is known as as "The conscious mind" and the "Sub-conscious or subliminal mind." I might say that there are two beings residing within us, one that calls into action the daily routine of our existence and the other that calls into action the subliminal or sub-conscious mind. These two work in harmony and it will be found that there is no clash in their relations, the one to the other.

Our conscious, or every-day mind, acts on common occurrences of life, but our subliminal mind acts on the more complex problems of our existence, and it is this unknown quantity that makes men leaders of men. The power of one mind over another has been recognized ever since time begun. Eve induced Adam to eat the apple; Noah was prevailed on to build an ark; Solomon a temple, etc. It is a fact patent to anyone who reads history or studies people around him that there is a something residing in the human economy more powerful for leadership than mere education, as is commonly known in our college curriculums. What was that something that enabled Alexander the Great or Bonapart to lead and control men, as history records in their great victories? What was that wondrous power that enabled that frail girl, Joan of Arc, to so enthuse the French army at Orleans as to turn defeat into victory, if it was not the power of the subliminal mind over the conscious minds of her followers? How could a Washington, a Lincoln have grasped the future destiny of our country but by some higher thought than that which controls our every-day life? It is this higher thought, spirit, sublime being that is called into action in hypnotism and controls the conscious mind in its various functions.

In reality it is now being recognized that we have two separate and distinct beings, and while in one of the states we do not know what has occurred in the other. We readily recognize this dual existence in the somnambulist who easily performs feats while asleep that he would shrink from and in fact be unable to execute when awake, and at the same time he knows nothing of what has taken place. Dr. Osgood Mason, writing in a recent copy of a leading journal, cites cases where persons have solved difficult problems in their sleep that they were unable to solve when awake and that they did not know of until the morning when they found it in their own handwriting. One can almost believe the Dr. Jekyll and Mr. Hyde story as literally true or at least possible.

We see two physicians locate in a city, each having the same education and of equal ability in their profession —one at once enters into a lucrative practice without seeming effort, the other struggles along for years before his ability is recognized. One dies rich, the other poor. The first one succeeds in a social and financial way; he has everybody helping him upwards, talking of his ability, etc. His mistakes and bad practice are overlooked. The other one is, in fact, more successful in his cases, but one single mistake will be heralded against him for months and years.

Dr. McOscar read a paper on "Prenatal Culture, a factor in the creation of personal traits and talents," before the state meeting at South Bend, Indiana, in which he cited many cases where special traits of character

had been developed during pregnancy. The question occurred to me while listening to this interesting paper: Through what agency or channel is this prenatal effect attained? and I could but refer to the effect of the subliminal mind of the mother or of some one else acting on and controlling her common or physical mind. In our waking hours the unknown quantity called mind or thought is constantly asserting its dominion over us, guiding our actions and recording passing events for future use on that Pandora box, known as the brain. Thought! What is it? Where is it? How is it? Why is it that this record, yea, these ten thousand records are printed, stamped, indented or engraved on the great cerebral center of our human organism so that we can recall to our memory the past events, whether of joy or sorrow, of business or pleasure, of health or disease? This is known in physiology as the conscious mind, a poor term, I must admit, but nevertheless it will serve to designate that condition of waking knowledge from the hypnotic, subliminal or sub-conscious state. That there are two widely differing mental conditions residing in every human being, cannot be denied. We know that in our sleeping hours we see and realize many things that had not been presented to our conscious or waking mind for days, months—even years. We see scenes of our childhood as distinctly as the days when our mother guided our every footstep. We see and clearly realize many things that had long since escaped our memory; they are painted on our vision in colors never to be forgotten. What is a dream? In a dream the subliminal, sub-conscious or hypnotic mind is brought into play, and the old musty records of the past are rehabilitated and passed before our mental photograph, phonograph, psychograph, memory, thought, brain, consciousness or whatever you want to call it. When a person passes into the hypnotic (so-called) state, there is a mind, a sub-consciousness or subliminal thought that asserts itself, which is far beyond dreams. This subliminal thought or sub-consciousness can make revelations that the dreamer has not thought of. It can hold in abeyance or can change to reality many things that have not been impressed on the brain heretofore. For instance, if we hypnotize a person and impress upon him certain things, he will at once recall or remember what we suggest to him. It is even possible to suggest to this subliminal or sub-conscious mind that they will do certain things, and they will do them when awake, although they will have no remembrance of what was suggested.

This subliminal being, has the power over the human economy whereby it can regulate to a very great extent the pains, aches, physiological processes and nervous manifestations of the body. When we analyze the phenomena of fear, joy, grief and hope and note the various changes in the circulatory system, the (apparent) changes of disease symptoms, we cannot but decide that there is residing within us that which controls to a very great extent, the human economy. This now brings us to the question—What is hypnotism, what is the sub-conscious state, what is the limit of human knowledge in this cycle of thought?

One mind may direct another in the channels of thought to which they are self prone. That is, one who hypnotizes another is capable of assisting or directing the thoughts of the hypnotized so as to lead them into useful channels. Hypnotism is that (at present an unknown element) which directs the subliminal consciousness to the execution and the remembrance of many things that in the waking or so-called conscious mind would never be

thought of or done. Hypnotism then, is the bringing into use of that part of the human intellect or thought which bridges the present or known with the future or unknown. In the hypnotic state we can suggest to the subliminal thought, mind or remembrance that certain things will not occur or they will occur, and they will or will not do so, even as we suggest. This to some extent may be attained in the conscious or waking state. Where is the physician who has not seen the change in his patient, the friends, etc., when he came into the chamber with a glowing countenance and air of confidence as compared to a look of dejection and anxiety on his face.

Then we may define hypnosis as "the calling into use of the subliminal, sub-conscious, higher thought or spirit of man." This condition of ecstacy or higher being divulges many things that never are or can be known to the ordinary conscious life and becomes the guiding star of our actions. This sublime or inner consciousness may slumber for years only to be awakened by the magical touch of hypnotism. In the hypnotic state the subliminal almost entirely controls the conscious mind, causing the latter to become a servant, as it were, of the higher thought. In hypnotism the suggestions are made only to the subliminal mind and through it to the conscious mind that in turn acts in harmony therewith. When we tell the hipnotee that he cannot hear any sounds except such as are designated, that his limbs have become rigid, etc., the conscious mind under the guidance of the subliminal successfully performs the feats as suggested. Not only are such things done at the moment, but an unknown impression can be and often is made upon which the individual will act in the succeeding waking hours. It is this line of post-hypnotic suggestions that are of the greatest value in medicine. John Duncan Quackenbos, fellow of the New York Academy of Science, etc., and many other equally noted physicians, assert most positively that all drug habits are successfully cured in the above manner. Not only this, but in mental and moral culture its benefits are inestimable. Quackenbos cites many cases where the most vicious habits in children have been broken up quickly and permanently by post-hypnotic suggestions alone.

He also cites cases of children who were slow in their studies and who took but little interest in books that by proper training under hypnotism have become studious and made rapid progress in their school work. The cigarette habit has been entirely broken up and the desire eradicated by a few hypnotic treatments. When such cases are reported by as high authority as here quoted, the profession cannot afford to ignore or refuse to investigate the subject, or if so, must not become offended when quacks take their patients away from them.

There is a wide field for hypnotism in surgery and in all forms of nervous diseases. Under its influence the most difficult surgical operation have been made, without the patient being conscious at all. It is a perfectly harmless procedure, and I predict the day is not far distant, when hypnotism will entirely supercede chloroform. For ages past this science has been known, but has, except in a few instances, been in the hands of unscrupulous charlatans, causing a stigma to attach to it, that few physicians have cared to attempt its use.

It is only in the last few years that any respectable part of the medical profession have devoted time and study to this science. It is being used in a number of hospitals in our large cities and there is no reason why it may not be used to great advantage here. It has been thought that only a small per cent. of people could be

hypnotized and they only of the weaker minded. Also to be a hypnotist was almost synonymous with spooks—wierd and uncanny. But all this is changed now, since more than 76 per cent. of the professors of Oxford University were subject to the hypnotic influence, and numbers of prominent physicians are investigating and using it. It is one of the most subtle powers for good of our therapeutic agents and only needs to be taken up and used by the profession to prove its great value. It requires time and patience to become a successful hypnotist, yet it is simple and easily learned. Some are much more susceptible to its influence than others—some may be hypnotized the first trial, while others require a number of trials. After one is once under the influence he is much easier at future sittings. There is no agent that is potent for good, but what is equally so for evil, when misused, and hypnotism is no exception to the rule, and no greater plea can be made than this, why physicians should adopt and use lhis remedy. It has been used mainly as a means of entertainment, the many ludicrous things done by the subject forming a never-ending source of mirth to audiences. Constant thought on any condition produces a habit, and much of the success of hypnotism depends on the earnest manner in which the operator impresses the mind of his subject and thereby leads him away from the disease. An impressionable subject may read the symptoms as depicted in a patent medicine advertisement until he actually believes he has the disease described. It is to a knowledge of this fact that the charlatans owe their success in vending their wares. Cato, two centures before the christian era, exclaimed against the Greek physicians who were being attracted to Italy and said "the inhabitants had been healthful and happy for centuries, but when doctors come, the disease will also," and his words were proven true. It is well known by physicians that many patients will take certain drugs with good results when they do not know what it is, but let the patient know and at once the most dire results are noted. This is all on account of the impressions made on the sub-conscious mind, and is not done purposely by the patient.

A hypnotized person sees, hears, tastes and smells first what the hypnotizer says he does, and on the contrary they cannot see, hear, taste or smell what the operator says they cannot. The abeyance in which the special senses may be held in the hypnotic state is most wonderful. The subject can inhale the strongest ammonia, and when told it is a pleasant perfume he will actually enjoy the odor and at the same time there is no perceptible irritation of the mucous membrane or evil effects from the same. Quinine will be eaten with relish when told it is sugar, and sugar will be cast out of the mouth with disgust when told it is bitter. A string will be transformed into a snake with all the reality of a waking state, and a frog can become a beautiful woman. It is to this powerful control of the subliminal mind over the physiological functions of the body and of the conscious thought that its usefulness in the domain of medicine must be attributed. It is a matter of the subject losing for a time his personal identity, assuming the character and obeying the will of the operator. In view of the almost absolute control the operator has over his subject, the use of this science should be restricted to the the medical profession, the same as other medical and surgical procedures. Hungary has passed a law prohibiting its use by any except physicians, and even regulating its use by them to medicine and surgery,

Impressions made upon the mind during the hypnotic or somnambulic

state in many instances are very lasting, often changing permanently physiological functions, such as appetite, digestion, secretory, excretory functions, etc. It can be readily seen that great physical harm may be done by improper or deleterious suggestions by charlatans who are not versed in the scientific application of remedial measures to the human system.

I find in looking over the literature of hypnotism that more than 90 per cent. of the scientific books are written by M. Ds., and all so far as I have noticed are written by men of great prominence.

I will mention a few of the writers on this subject, as they now occur to me: E. W. Scripture, Ph. D., Yale University; W. P. Carr, M. D., Columbia University; R. M. Yerkes, A. M., Harvard; H. S. Brayton, M. D., Bellevue Medical College; A. R. Allen, Philadelphia Polyclinic; L. B. Hawley, M. D., New York Polyclinic; Max Dresser, M. D., Ph. D., University of Berlin; Ernest C. Moore, Ph. D., LL. D., University of California; Arthur McDonald, Bureau of Education, Washington, D. C.; E. D. Starburk, Stanford University, California; A. Kirshman, University of Toronto. This will be sufficient to show that much of the best thought of the country is investigating along this line and cultivating the fertile field which promises so much in the future.

From the personal investigations that I have made on this subject, I am fully convinced that it is worthy the serious consideration of the medical profession, and that to keep abreast of the times we must master the science and use of hypnotism. It is foolish, in our present state of knowledge, regarding this remedy, to claim, as the charlatons do, that it will cure all diseases. It has its place in medicine the same as quinine or any other drug. No reputable physician will claim that organic diseases can be cured or destroyed tlssues restored by hypnotism. It is in nervous diseases and functional troubles that we must look for the best results. Much good may come from this remedy, even in organic troubles, in so far as we can allay the nervous element, eradicate the fear and detract the patient's mind from the imaginary evils that so often make life miserable. While hypnotism is really curative in nervous and functional troubles, it is a safe and sure palliative in other forms of disease. Where this remedy acts favorably at all, its good effects are much more lasting than any of the drug sedatives or narcotics. In surgery hypnotism can be used with the most happy results, but the main drawback to its use here is the trouble in producing the hypnotic state in patients on the spur of the moment, as is necessary in cases of accident. In operations for removal of tumors, necrosed bone and all kinds of cases where sufficient time is allowed to attain the hypnotic state, we may successfully operate without the use of an anesthetic.

I read one of the most scientific articles on Photo-Therapy and color light in the April number of the Clinic, by E. D. Babbitt, M. D., LL. D. Dean of the college at San Jose, Cal , that I have ever seen. In which he says "that Baron Reichenback of Vienna, found 60 persons, many of them eminent who could perceive a finer and higher grade of colors than those which are visible. These may be called the odic colors or rays of the second grade. At the present day there are many persons whose inner vision is sufficiently developed to see not only this second or Odic grade, but the next grade above, which we term the Psychic. These are indescribably beautiful and kindle in certain human beings marvelous intuitions and perceptions which are the amazement

of others. Those who can get en rapport with this Psycic grade of light can see through opaque substances with far greater clearness than can be done with the X-ray and fluoroscope." This accounts on a scientific basis for many of the peculiar phenomena that are exhibited by persons in the hypnotic state. Dr. Abbott of Chicago says in the April number of the Clinic, "I have had several marked instances recently that forcibly illustrate the fact that many a so-called invalid is kept so, if not made so, largely by autosuggestions while he who suggests to himself courage and health, finds it. While our 'suggestion friends' go altogether too far, yet there is a great deal underlying all this that is of real scientific importance. We are all largely what we suggest to ourselves we are. While medicine is of exceeding value, when properly applied, it is the means of holding the mind of the patient in a state of proper suggestion until nature reestablishes a healthy equilibrium."

Some time ago I saw a very aged lady, who had been under the care of at least two members, if not three, of this society. She had been propped up in a chair day and night for more than a week, on account of smothering spells, and she firmly believed she would die if she reclined on a bed. I gave her a powder of saccharum lactis, with the positive suggestion that it would enable her to lie down. With watch in hand, appearing to count the minutes. I waited just five minutes and ordered the nurse to help me lay her on the bed, which we did, and she breathed and rested much better than she had while sitting up, and during the remainder of her illness had no further heart trouble. It was not the remedy, but autosuggestion that did it. Dr. Pattison, of Grand Rapids, Mich., writing in the June issue of the Clinic, says "Mesmer sought in various ways to bring before learned doctors and societies his discovery of mesmerism, now known as hypnotism, but was denounced as a fraud, ostracised from home and friends, actually dying from grief. Quacks and stage tricksters took advantage of his discovery and reaped a large reward. The learned men simply criticised him to death; but after a century they finally tumbled to the fact that there really was something in hypnotism, and are now patting themselves on the back for having discovered such a wonderful power or remedy."

It is not at all improbable that this science will be better understood in the near future, and that it will then be possible to hypnotize all patients as readily as we now anesthetize them. While my personal experience with this remedy is very limited, yet I have had some happy results. One case I will cite as a sample of what can be done. A lady with a chronic synovitis of knee joint, where partial ankylosis had obtained, and passive motion was desired. In this case there was so much tenderness that it was impossible to bear the pain necessary to motion. Under hypnotism, which I was possible to induce in less than two minutes, the joint could be readily and painlessly moved, and the peculiar phenomena of the case was that there was no soreness developed after the operation of forcible flexation and extension, as would most surely have been under chloroform. Before the patient was awakened from the hypnotic sleep it was forcibly impressed upon her subliminal mind that there would be no after pain or soreness, and there was none. Now, whether this was the reason of the immunity or not, I cannot say, but it was a fact nevertheless, and it is claimed by those eminent physicians who have had much experience that the immunity was the result of the post hypnotic suggestions.

The mode of producing hypnotism

is not within the scope of this paper, but can be readily learned by those who so desire. A word as to involuntary hypnotism. In order for one to be hypnotized, they must give their consent, otherwise it is impossible. This statement is borne out by all the authorities, and I can testify to the same, so that the common belief that people are in danger of being hypnotized against their will is exploded.

The evils of hypnotism, per se, are nil, and the only bad results that can occur depends on the post hypnotic suggestions, which if improperly given may lead to serious results; therefore it requires as much skill to use this remedy in disease as in any other treatment and should be limited to regularly educated physicians. A patient may be hypnotized by anyone, and then the control of the patient can be transferred to a physician for the proper suggestions as to his disease and future conduct. It is probable that the time will come when there will be professional hypnotizers, the same as we now have anesthetizers; but they should only be allowed to do so in the presence of a physician. While this science has been known for centuries, and in India the most wonderful things are done under its influence, yet it is comparatively new here.

No man should fear candid investigation of any subject, howevervisionary it may seem. Think of the supposed impossible things that have been accomplished in the last hundred years: The steam engine that now hurls us across the country a hundred miles an hour and propels floating palaces from New York to London in five or six days; electricity, whereby our thoughts and even voice are flashed from ocean to ocean in a few seconds of time and that turns night into day; the phonograph that talks, sings and whistles with human accuracy. Chloroform was discovered in the last century and made surgery bound forward as if by magic. Antiseptics have almost robbed us of pus formation and made laparotomy an every day occurrence, that was once thought to be the passport across the river of death. So let us be ready to grasp the good wherever it may be found, but not be carrid away by mere assertions of quacks and demagogues, such as we hear almost every day in this city.

In conclusion I will say that I presented this paper for the sole purpose of calling the more serious and thoughtful attention of this society to this, as it were, a new and interesting subject. I made the apparatus and took the first X-ray photograph, or as it is now known as skiagraph, before this society, that was taken west of Philadelphia. Jesse Green, of the Journal, was the lamb that offered himself on the altar of science and made a sitting of nearly two hours. Now we can take a skiagraph in less than twenty seconds. Today the X-ray is recognized as an almost absolute testimony before the courts of the land. It was only a lack of letting the world know of our experiments here in the X-ray, ahead of Chicago and the west, that prevented us from occupying a conspicuous place in the surgical calendar of the nineteenth century. Are you willing to retire into inocuous dissueitude on this subject and let other societies lead in this fruitful field of medical education?

BY THE WAY.

By M. G. Price, M. D., Mosheim, Tenn.

Post-partum hemorrhage occurs in about 2 per cent. of cases. Ergot is useless so far as immediate effects are concerned. Pressing the anterior against the posterior lip with the left hand, while the right grasps the fundus and brings the womb into extreme

anteflection will control the hemorrhage. Cold injections are to be preferred to hot. Stimulants favor a collapse.

In sciatica we have had good results from

℞ Aconitine, gr. $\frac{1}{134}$.
Digitalin, gr. $\frac{1}{67}$.
Strychnine, ars, gr. $\frac{1}{134}$.
Hyoscyamine, gr. $\frac{1}{230}$.

One dose to be taken every two hours, with a double dose at bedtime,

With this we give one granule colchicine, gr. $\frac{1}{134}$, every hour till free purgation; then give just short of that effect.

℞ Chloroform gtt. x.
Tr. aconite gtt. x.

Applied locally:

℞ Zinc phos. gr. $\frac{1}{6}$.
Strychnine ars. gr. $\frac{1}{80}$.

Given six time a day for two weeks.

We sometimes substitute for the granules of our first formula:

℞ Tr. aconite rt.
Tr. colchici sem.
Tr. belladonnae.
Tr. cimicifugae aa. ʒii.

Twelve mimins every four to eight hours.

We have had injections of chloroform to work seeming miracles and have had it fail of any good, when morphine gr. ¼ and atropin, $\frac{1}{80}$ has succeeded in the self same cases, and again the morphine and atropine injection has failed and the chloroform has succeeded. We invariably begin with these injections, making the other treatment secondary or concomitant. Salol acts finely in chronic cases.

TO STOP PAIN.

By Dr. C. E. Boynton, Los Banos, California.

1. Don't resort to morphine every time.

2. If a doctor goes at things, is sure of what he does, carries an air of confidence, is prompt, positive and agreeable, the influence of his presence alone will often times act as an analgesic.

3. For the pain of rheumatism apply oil of wintergreen under antiphlogistine or gum tissue and bandage.

4. For a tooth-ache, don't parley, but pull if there is much decay; if there is little decay, fill it or get the patient to hold acetanilid compound tablets in his mouth.

5 The tooth-ache of pregnancy and debility should be treated with maximum doses of calcium hypohosphite.

6 Cupping, a hot sand bag, poultice of acetanilid and oil of wintergreen hypodermic of atropine and morphine in $\frac{1}{100}$ grain doses every five to ten minutes in one-half ounce of hot water are measures worth remembering for the relief of pain.

7. For pain and fever, saline laxative hourly and a dosimetric triad every fifteen or thirty minutes and a five to ten grain dose of calomel, with thirty grains of $HNaCO_3$ mean business, the triad being given in an ounce of hot water.

8. If the pain is rheumatic, give five to ten minims of oil of wintergreen every two or three hours.

9. As a side line especially for gouty or nerve pains, dissolve one-half grain tablet of colchicine in six ounces of water and give one dram every one to three hours.

10. Don't forget calcium hypophosphite, strychnine and iron in pains of debility.

11. Empty the rectum for an obstinate headache.

12. Glonoin and amyl nitrite are worth trying, for if they fail there is no harm done; only keep the patient recumbent when they are used.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS.

By M. A. Blanton, B. S., M. D.,
Baileytown, Tennessee.

(Eighth Paper.)

STRYCHNINE.

While we have not perhaps to record such brilliant and overwhelming triumphs as in other lines, yet in the special field of medical progress discoveries have been made fraught with such permanent effects upon our methods of practice as to uproot old methods and tear down old ideals. It has been our purpose to illustrate this general statement by this series of articles on alkaloidal therapy. In last month's Recorder we endeavored to show the superiority of aconitine over the crude drug. In this paper we shall refer to another notable addition to our materia medica, which is by all odds our best tonic, strychnine. In considering this alkaloid, we shall first take up its source, second its administration, third its physiological action, fourth its therapeutical indications.

Strychnine is the active principle of nux vomica, which is obtained from the seeds of an East India tree of the order of Loganiaceae.

We usually give the sulphate of strychnine in doses ranging from gr. $\frac{1}{100}$ to $\frac{1}{30}$ repeated every six hours as it is slowly eliminated by the kidneys. The arseniate of strychnine is the most popular salt with the alkaloidal fraternity and is usually given in doses of $\frac{1}{134}$ of a grain in granule form. One of these granules may be given every fifteen minutes to three or four times a day, according to the effect desired. After the desired effect is produced it should then be maintained just short of this point, the dose to be gradually lessened as curative changes take place.

Strychnine exalts the functions of the reflex, motor, vaso-motor and sensory nerves, sensation being least affected. It has selective action on the large multipolar ganglia in the anterior columns which it stimulates and then paralyzes by over-stimulation. A large dose destroys the spinal functions as by one blow. But it does not affect the brain directly. A toxic dose quickly produces heightened reflexes; toxic spasms, especially of the extensor muscles, on the least irritation, quickly succeed each other with intervals of repose, resulting after two or three hours in death by asphyxia, from tetanic fixation of the muscles of respiration, consciousness being preserved until carbon dioxide narcosis sets in.

This powerful poison is equally powerful as a remedy in opium poisoning. Strychnine is powerfully antagonistic to morphine. Diarrheas and dysenteries of an epidemic type, strychnine is useful. Vomiting of phthisis, strychnine is generally the very best remedy. Anæmia and chlorosis, strychnine with iron and quinine is invaluable. Idiopathic tetanus has often been cured by strychnine. Visceral neuralgia, strychnine in very small doses. Local paralysis of various types are benefited by injecting strychnine hypodermically into the affected muscles about once a week. Diphtheritic paralysis is almost invariably cured by strychnine. Strychnine has proved useful

in amaurosis, from lead, tobacco or alcohol. In intermittents, as an adjunct to quinine, strychnine is used advantageously. Strychnine should be given as a support to heart tonics. Strychnine should be given in all cases of general debility, asthma and other conditions. As I said in the beginning, it is the sine qua non as a general tonic.

PERTUSSIS.

By Dr. C. E. Boynton, Los Banos, California.

Alice K., five years, had measles ten weeks ago, and took pertussis a month ago. Three days ago she was mostly bones, skin and cough. She vomited more each day than all she ate and drank, and her lungs were a music box. She could not walk and kept the whole family awake nights with cough in all its variations. I saw her at 7 p. m. Monday. For two hours she swallowed calcium sulphide granules, one-sixth grain every ten minutes and tapered off taking them in the night. I mixed a weak solution or emulsion of bromoform and every few minutes injected fifteen drops of the mixture which contained perhaps one-third of a minim of bromoform into the child's mouth, using a medicine dropper. I am in the habit of using these bromoform mixtures, so as to cause the child to catch its breath in a slight gasp when even the medicine is used When the child begins to get red we can restrain using the bromoform as freely, Well, the fact is the family got some sleep that night. The child walked some the next day and ate an aubundance of milkine tablets and relished corn meal hot cakes. In twenty-four hours it was like another child and the second night's sleep was disturbed with only one coughing spell. The prospect now looks rather hopeless, as far as future calls are concerned, for today the little girl eats well, refuses to cough, skips around, and by the way I forgot to remark, she has one nuclein tablet every one or two hours. The child walked over to my office this afternoon.

CALCIUM SULPHIDE.

Dr. S. E. Earp, of Indianapolis, is one of the physicians who have made a thorough study and trial of calcium sulphide, and he has proved its value. In the Med. and Surg. Monitor he writes: The favorable results from the use of sulphide of calcium are of sufficient importance to warrant its more frequent use. Success depends much upon the selection of cases in which it is especially adapted; this may be said respecting all remedial agents, but can be emphasized in this instance from the fact that sulphide of calcium has oftentimes been used indiscriminately and curative results have been looked for when it was an inappropriate remedy.

Furthermore, the selection of the preparation is an important consideration. If the drug is in a form that may deteriorate by exposure to air, the chemical change will produce an insoluble compound and hence is almost worthless. To obviate this difficulty I have used the gelatin coated pill. The cases in which it has met with favor are those in which there are indications of suppuration. As a preventative measure it is surely worthy of consideration. I have frequently seen pustulation aborted, and in some instances such as smallpox, the pustules did not appear characteristic; thus in two instances the diagnosis for a time was questioned, only to be cleared up by a history of the subsequent line of treatment.

Its use in the treatment of boils, furuncles, acne, eczema and glandular enlargements is usually a cure.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

THE PRESIDENT'S DEATH AND THE MEDICAL PROFESSION.

The death of President McKinley has fallen particularly heavily on the medical profession. As citizens we join in the nation's grief and sorrow. No one could help admiring the man's noble character, his honesty of purpose, his patriotism, the exemplary purity of his private and official life. As members of the medical profession we feel humiliated by the blunder committed by the attending surgeons. Many an humble country practitioner unknown beyond the limits of his village, shook his head dubiously over the medical bulletins coming from the president's bedside. He found it impossible to reconcile their detail with their general tenor of hopefulness. If one of his patients should exhibit such a pulse rate and temperature, he would not at all feel safe and it is inexplicable how men of such wide experience and deserved reputation as Roswell Park and McBurney could have so far misjudged the case, as they evidently did. Although no blame whatever can attach to the physicians in the light of the autopsy, who can blame the laity if they deride afresh, medical skill and knowledge? Here is a body of men, admitted leaders in our profession, who authorize the most sanguine hopes, only to tell after the autopsy that their patient had no chance at any time. A sad mistake, the odium of which the whole profession must share in bearing. While there have been rumors of dissensions and recriminations among the surgeons, let us hope that we be spared a repetition of the spectacle which scandalized the world after the death of Garfield.

OVARIAN TRANSPLANTATION.

A valuable contribution to both surgery and physiology has been made by Dr. Robert T. Morris, of New York. He reports in the Medical Record a successful transplantation of ovarian tissue from a healthy woman into one whose ovaries had been removed. In two cases have he and Dr. Frank done the operation with pregnancy resulting afterward. Such success can, of course, come only when the tube and its fimbriated extremity are healthy. The Medical Council indulges in some ingenuous speculations to who the real mother of the baby is, the one who furnished the ovary or the one who carried and bore it, any possible physical, mental and moral hereditary traits, and certain legal complications which might arise from such a relation.

PROFESSOR KOCH ON TUBERCULOSIS.

Prof. Koch's address before the congress on tuberculosis which nearly convulsed the scientists of the daily press was after all a very harmless paper. Having for its subject the question of the combat against tuberculosis it dealt with various methods of infection. That by the sputa of consumptives is by far the most important, compared with which all others are insignificant. Infection through the milk and flesh of tuberculous cattle Professor Koch thinks unlikely. He is of the opinion that bovine and human tuberculosis are differ-

ent diseases and not intercommunicable. Even in his first communication on the etiology of tuberculosis the idea was foreshadowed, but more extended experiments and investigations have convinced him, that tuberculosis cannot be transferred from man to cattle. It must be stated that the experiments appeared conclusive to Sir Joseph Lister, who concurred in that part of the address. The other side of the question, the possibility of the transmission of tuberculosis from cattle to man, cannot be studied by experimental investigation. While most medical men believe that it is actually done, Prof. Koch doubts it. In support of his view he cites the results of a great many post mortem examinations of tuberculous children which show that primary tuberculosis of the intestine is exceedingly rare. Whether Professor Koch's opinion will prevail or not,—for the present it finds great opposition—the influence on existing sanitary regulations will be limited and the whole question will be more a scientific, than a practical one.

POISONING BY SHOEBLACKING.

The Gazette Medicale de Paris contains the story of a young French soldier, who bought a pair of yellow shoes, but not to offend against army regulations, had them colored black by some patent blacking. On the next day he had to make a long march with his company. In the evening he fell ill and found his nails, lips, eyelids turn blue in alarming fashion, and took to his bed. The physicians concluded he had been poisoned by analine contained in the blacking, and was introduced into the system on account of the free perspiration during the march. Although no symptoms were given, we cannot tell on what the doctors based their opinion, it may be well to call the occurence to mind. The practice of turning yellow into black shoes by the use of a specially prepared blacking is not unknown here; perhaps there lurks another danger, of which we have not yet thought.

COUGH OF UTERINE ORIGIN.

As cases of cough due to uterine disease are quite rare, a brief resume of one reported at length in an Italian journal may be of interest. A young woman, otherwise healthy, suffered for several months from violent spells of coughing, with pains in the lower and lateral chest walls. No affection of lungs or bronchi could be discovered. Finally menstrual irregularity, abdominal pain and free mucous discharge directed attention to the uterus. Vaginal erosions and a small polypus were found. After removal of the polypus the cough lessened in intensity and frequency. The remaining endometritis was treated by douches and application of ergotine and hydrastis. At last thorough curretting and cauterization of the endometrium were resorted to, followed by complete cessation of the cough. Health was fully restored and two months later pregnancy occurred.

INTUSSUSCEPTION IN CHILDREN.

The section on diseases of children in the British Medical Association discussed very thoroughly the question of treatment intussusception. They were of the practically unanimous opinion that the affection is a surgical disease and needs prompt operative interference. Inflation or injection should be tried only, if the case is seen within a few hours and if the symptoms are not very acute. Gangrene occurs within a few hours in some cases and is usually fatal in young children. Hence the necessity of early operation. Injection and inflation are uncertain methods of treatment, because in 38 per cent. of the cases the intussusception begins in the small intestine.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A LOOK BACKWARD.

In the May number (1901) of the Recorder there are several good articles. One is on "Clinical Reports of the Treatment of Dyspepsia," page 156. Well, we don't treat dyspepsia, but treat patients according to the pathological condition existing. The diet must be regulated as to time, quantity and quality. In fact every patient as to diet is undoubtedly a law unto himself. What some can eat, others cannot bear. Some can partake of chicken and other fowls, potatoes, sausage, fish, etc., others cannot. Vegetables agree with a good many, to others it is nearly death, indigestible, producing flatulency, distress, bloating, pain and sour eructations. Patients are restricted to meat once a day, at noon. Supper at 5 o'clock p. m. in summer and 4 o'clock in winter. Beef and mutton agree with most dyspeptics, but our orders are for each patient to eat whatever agrees with him. An abnormal condition of the chemical function of the stomach may be, and is often the cause of a faulty state of the intestinal peristalsis, or intestinal indigestion, as is easily understood and depends upon chemical and mechanical stimuli. The chyme exercises that stimulus upon the ganglionic cells and nerve plexuses in the intestinal walls. If there is a superabundance of gastric juice and it is too strong, then the chyme, reaching the small intestines, is too acid, poor in undigested albumin, richer in unchanged starchy products; on the other hand, the albuminates, as is well known, do not undergo any change whatever in the stomach, while free starch is converted into maltose too quickly. Thus the food particles leave the stomach in an unchanged condition, reaching the small intestines in an undigested state. Thus there is mechanically too great and chemically too small a stimulus. In hyperchlorhydria, the intestinal and pancreatic juices are rich in alkalies, caused by secretion of greater amount of acid radicals within the stomach; the blood becomes more alkalescent and thus neutralizes the acid of the chyme and changes the starchy products into maltose. On the other hand, there is a greater activity of the small intestines, the food being more thoroughly digested. We find caroid, one grain, bicarb. soda, one grain, after meals to act well in some cases when a dose before and after meals is ordered, where there are distressing sensations in the stomach after a meal. This will be found very efficient: Blue cohosh, helonias dioica hydrastin fld ext.s aa 20 qtts every four hours. Again in offensive erucations arsenic tincture five gtts. acts well; in anemia citrate of iron should be administered; in severe obstinate intestinal disturbances caroid one grain, charcoal two grains after meals acts finely. We find a majority of cases with intestinal abnormality. There may be no gastric symptoms or very little gastric disturbances, as slight pressure, uneasiness, belching, appetite variable, obstinate constipation alternated with diarrhoea, and often presenting symptoms met with in diabetes, thirst, frequent micturition, weakness and loss of flesh. It is necessary that the bowels act regularly, and to meet this we order this prescription, with happy effect:

℞ Aloin gr. ⅛.
Cascara sagrada gr. ¼.

Strychnine sulph. gr. $\frac{1}{60}$.
Ext. belladonna gr. $\frac{1}{16}$.
Oleoresin capsicum gr. $\frac{1}{16}$.
M.

One pill at night, or one night and morning, or three pills each day, as indicated.

In "Dermal Therapuetics," May number, page 157, the only remedy recommended is lanikol. Well, it is good. There are a great variety of skin diseases. Some require different treatment from others. We cure a good many skin diseases, as eczema, herpes, etc., with resinol, camphophenique, ointment of acetanilid one to four grains, to vaseline one ounce; apply three or four times a day. Some cases require constitutional treatment. My old remedy I find very good in most cases:

℞ Liq. iod. comp. gtt. lxxx.
Fowler's sol. ℥ss.
Syrup simp. ℥iss.
M. et Sig.

Teaspoonful in plenty of water after meals.

We cured two cases of fish skin disease with arsenauro after two years' treatment; used a good many remedies, oral and local applications, ointments and baths, but arsenauro did it. I have had good success with it in diabetes mellitus and Bright's disease. Stillingia (specific tinct.) is a good remedy in strumous affections. It is of great use in skin diseases, and can be combined with iodide potassium. Stillingia increases the action of the skin and kidneys and the heart is invigorated; action also increased of the gastric, hepatic, intestinal and salivary secretions. It is a good tonic alterative. In scabies, storax one part, olive oil two parts, staphisagra three parts, boil together, applying to parts. Another good remedy is saturated solution of potassium sulphuret ½ dram, aqua 1 ounce. So is calcium sulphide. Eczema should be treated according to the class. E. simplex, E. rubrum, E. squam., acute or chronic, etc. To allay itching and irritation oint. zinc oxide or carb. Glycerol of tannin is good, camphor of glycerine is very good, also borax will relieve intense itching. The following is a good ointment:

℞ Oil juniper ℥i.
Oil olive ℥ij.
M.

Apply three times a day.

Oil of cade is very good. Rhus toxicodendron when locally applied will produce an eruption of the skin. Systematically taken, it is one of the best remedies for acute papular affections of the skin. It should be taken in doses of one to three drops three time a day. The shrub rhus vernix, growing in swamps and along creeks, is poison to the skin. Its action is similar to rhus tox. and will cure skin diseases that resemble the eruption produced by it. It is a valuable remedy in such affections.

"Bioplasm in Subinvolution," page 160, a derivative of the pitcher plant, trumpet plant, sarracenia flava. We have frequently used the fluid extract of the pitcher plant in subinvolutions and in other troubles of females; also in dyspepsia, diarrhoea and chronic nasal catarrh. It is a good astringent injection in gonorrhea and leucorrhea. The dose of pitcher plant, fluid extract, is 10 to 60 drops every three or four hours. The mango, mangifera indica, is a good astringent alterative; has special tonic action and affinity for mucous membranes and unstriped muscular fibre. It is a good remedy in subinvolution, endometritis, will check profuse hemorrhage of menstruation and of abortion. Subinvolution is successfully treated with aletris farinosa 20 gtts, helonias dioica 20 gtts, three times a day. Henorrhoea is treated with ergot until it ceases. In congestive dysmenorrhoea, subinvo-

lution, chronic metritis, ergot will act well causing five contractions, promoting the absorption of inflammatory products.

"The Adolescent Period," page 158, is an extra good article. Gude's pepto mangan, we have frequently used with good results. It is a fine remedy to renew the blood, is a good tonic in exhausting disease, and is a fine remedy in chronic malarial toxemia. In treating the adolescent period, age and condition of patient must be considered. In some cases some anatomical condition may exist, as impervious hymen, atresia vaginae. We have had cases where the menstrual fluid had been retained and accummulated for months, the patient presenting the appearance of seven or eight months' pregnancy. By use of hot hip baths and stimulating injections the contents of the uterus were discharged and normal menstruation established. One such patient was a girl of 16 years, who had never menstruated. She was ordered pulsatilla five drops, macrotis twenty drops, senecio-aurens thirty drops, three times a day for six weeks. If anemia is present, iron in some form is used and aletris farinosa or helonias dioica, one or the other alternated in twenty drop doses three times a day to renew and enrich the blood. The phosphate of iron is a very good preparation in such cases. If deficient nervous energy exist with headache, uterine cramp, pain in region of ovaries, then cimicifuga racemosa twenty drops pulsatilla anemone five to three drops every four hours.

EDWARD C. ROTHROCK. M. D.
Tennessee Colony, Tex.

Dr. Rothrock sends us this communication from Philadelphia where he is spending several months. Dr. Rothrock will send us each month an article giving us the results of his extensive experience, and of his clinical observations. Dr. Rothrock is an authoritative writer on therapeutics and his previous articles in the Recorder have been widely and favorably commented upon by those especially interested in therapeutics. We are glad to have our readers discuss the articles in the Recorder the way Dr. Rothrock does. We all learn by comparing methods of treatment and results obtained. Others will be glad to profit by your knowledge.

TWO CASES.

Talking about child birth, etc., I had a case yesterday, a woman of 35, well made everyway, but while the pains would be good while she was sitting up or kneeling they would die off and stop when she would lie down on the bed. I gave her chloroform, mistletoe, tartar emetic till it seemed to me she ought to have vomited herself senseless, with no effect until the midwife again placed her on her knees in front of a chair. After an hour she had a hard pain when the head came in sight. Then began the tug of war, as it took the midwife, a strong negro woman, and myself, all we could do to pull the body out. It weighed twelve pounds without clothes. Time from first pain fourteen hours.

In comparison, a white woman sent her husband for me to come in a hurry. I went and found the child had been born with only a single good contraction an hour before I got to the house, and in fact before the husband had got out of call of the house; weight ten pounds.

It may be a little of a curiosity to know why these acted so oddly. Well, I gave the white woman black haw root tea for every alternate week for eight weeks before time. The negro woman did not receive any of it.

BEN H. BRODNAX, M. D.
Brodnax, La.

The Wisconsin Medical Recorder.

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J. P. THORNE, M. D., Editor.

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Society news and reports and items of interest are gladly received

CORNEAL ULCER.

Some time ago we read an article by a medical writer who attempted a humorous description of the removal of a foreign body from the cornea of a patient by an ophthalmologist, whose office the writer happened to be visiting. He described the (to him) unnecessary details of the eye man in sterilizing his instruments, hands and the patient's eye as far as possible. He attempted to make light of all this and the fact the patient was given an antiseptic eye wash to use on the eye. He said the foreign body could have been quickly removed without all that fuss and the patient charged a fifty-cent fee instead of two dollars which the writer considered very excessive. This writer is probably living in the bliss of his ignorance, having never seen eyes infected by foreign bodies, as every oculist sees not infrequently. We recently treated a case of corneal ulcer, which vividly recalled to us the article mentioned. In this case the original infection came from a small foreign body which had been removed from the cornea. A corneal ulcer resulted which nearly covered the cornea when we saw the case. We removed with a small curette considerable necrosed tissue which fortunately was at the temporal side of the cornea. Then we brushed the cornea with hydrozone diluted to ten volumes strength and irrigated the eye with saturated boracic acid solution. We treated the eye several times for a number of days with the hydrozone and irrigation. The patient was given a boric solution to use freely at home. The eye healed nicely, leaving a little scar at the temporal side of the cornea, but leaving a very useful eye. This case impressed upon us the need of thorough asepis in even as small an operation as the removal of a foreign body from the cornea. The foreign body may itself carry infection to the eye, a dirty instrument may infect or septic matter on the operator's hands may cause trouble.

THE FEET.

The proper care of the feet is a matter of importance often overlooked in the hurry of busy practice. There are many cases where the care of the patient's feet should receive attention. In this latitude, where there is so much cold, wet weather in the spring and fall. the feet should be kept warm and dry. We frequently find that patients complaining of throat or bronchial troubles, are in the habit of wearing light shoes in all weather, frequently working all day with wet feet. Removing this source of trouble and a little treatment often enable cures to be made in patients who have resisted all previous treatment. Heavy shoes with thick soles should be worn at this time of the year, and if light shoes are worn they should be protected with rubbers in wet weather. Bunions, corns and in-grown nails are often overlooked causes of obstinate neuralgias. It will pay to see that your patients care for their feet, keep them in proper condition and keep them warm and dry.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

A MANUAL OF BACTERIOLOGY — By Herbert U. Williams, M. D., Professor of Pathology and Bacteriology in the Medical Department of the University of Buffalo. With Ninety Illustrations. Second edition, revised and enlarged, 290 pages. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1901. Price, $1.50 net.

The growing importance of a knowledge of bacteriology in the practice of our profession makes an increased demand for new books on the subject. This book gives in condensed form the facts which a physician must know some of those which it is desirable he should know, and a little of that which he may learn if his needs or inclinations lead him to go further. The first section of the book gives bacteriological technique describing the methods of preparing and examining bacteria. The second section of the book contains much interesting matter, including the classification, morphology and and physiology of bacteria and products of their growth. The short chapter on toxins presents in a small space considerable important knowledge. One very practical chapter is devoted to a study of disinfectants and antiseptics, and another to a description of the antiseptic preparation of instruments, etc., for surgical purposes. The book is written in a very plain, comprehensive manner, as illustrated by the following and from the introduction:

"Bacteria (Greek, meaning little stick) are extremely minute, unicellular plants, which have no chlorophyll, and which divide by fission. They are sometimes called schizomycetes. In every-day language they are known as microbes, and also germs. They are generally classed with the fungi. In some respects they seem quite closely related to the algae or simplest green plants, and on the other hand they have strong points of likeness with some of the unicellular animals belonging to the infusoria.

Bacteria are divided into three great groups:

Micrococci, or cocci (singular, coccus) spherical forms.

Bacilli (sing., bacillus) long and straight, or rod-shaped bacteria.

Spirilla (sing., spirillum) consisting of spiral filaments like commas."

This is a work which every physician who keeps abreast of the times can frequently use. The numerous illustrations and the low price make it a book which will sell well. We have had letters from subscribers asking for a condensed treatise on bacteriology, and to such we commend this book.

MERCK'S 1901 MANUAL OF THE MATERIA MEDICA. A Ready Reference Pocket Book for the Physician and Surgeon. Pages 282. Cloth, $1.00. Merck & Co., New York.

The first part of the book presents a condensed materia medica, special attention being given to the newer remedies which are in actual use. The second part of the volume is devoted to prescription formulas arranged alphabetically by diseases. About 150 pages are devoted to this section of work which physicians will find handy for quick reference. A number of pages are devoted to a classification of medicaments. Several pages devoted to treatment of poisoning and to tables, complete a very practical, useful, little book.

BOOK NOTES.

We can give you special club rates on your magazines next year. If you will write us what you want to subscribe for we shall be glad to quote you a club price.

Modern Culture prints in the October number an article entitled "Theodore Roosevelt—The Typical Man of the Twentieth Century," by Day Allen Willey.

In its October issue, Success has published an industrial number that is interesting to all. The great progress of the nation, the stories of invention, and the problems of winning and developing the world's trade, are told by such notable men as Park Benjaman, Hudson Maxim, Charles R. Flint, and Sir Thomas Lipton. Gen. Benjamin F. Tracy, the eminent attorney, contributes a timely editorial in "Law as a Part of a Business Education."

The Ladies' Home Journal for October is, perhaps, the best number of this magazine ever issued. The literary features include "How the Leopard Got His Spots," by Rudyard Kipling; "A Fifth Avenue Troubadour," by Ernest Seton-Thompson; the first installment of "A Gentleman of the Blue Gass," by Laura Spencer Portor; the last of "Miss Alcott's Letters to Her 'Laurie'," and the closing chapters of "Aileen." "Some Things the President Does Not Do."

The October number of the Worlds Work is a magnificient issue of this splendid magazine, published by Doubleday, Page & Co., New York. This number contains unusually fine portraits of the late President McKinley and President Roosevelt. The editorial comments upon the nation's tragedy are well written and will be useful for reference in time to come. The articles dealing with matters of current importance are all worth reading. This is a magazine which we know all our subscribers could read with pleasure and profit. It presents each month a large amount of desirable information and the editorial comments make a record of the times worth preserving. The bound volumes of this magazine make a great addition to any library.

The October number of McClure's Magazine opens with a sketch of J. P. Morgan, carefully prepaired by Ray Stannard Baker. The article is concise and dignified, and is, according to a friend of Mr. Morgan's, "the best and most complete presentation of a great subject." Of almost equal importance is Josiah Flynt's "The Tammany Commandment." Some of the other articles are Clara Morris' entertaining account of the "Staging of 'Miss Multon'," Cyrus Townsend Brady's "appreciation" of "Frontenac, the Savior of Canada," and William Stamps Cherry's (the African explorer) thrilling description of "Elephant Hunting in Africa."

The complete novel published in October strikes a different key from those recently presented by Lippincott's. Notwithstanding the title, "The Anvil" is "Frenchy." The author is R. V. Risley. of New York, a writer who excells in picturing the human emotions. Austin Dobson knows the eighteenth century as do but few people; therefore his paper on the "Titled Authors of the Eighteenth Century" is most valuable. "Petticoat Politics," by Anne Hollingsworth Wharton, is a gossipy paper about Washington City during President Jackson's administration. It is interesting to note feminine influence in politics at that period. Numerous excellent stories and sketches give a variety of literary entertainment. The "Walnuts and Wine" department is full of good things, humorous, touching and useful.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Obituary.—Dr. Samuel J. Jones died in Chicago aged sixty years. He graduated from the Medical Department of the University of Pennsylvania in 1860, served a while as surgeon in the U. S. Navy, then came to Chicago where he followed eye and ear practice continuously until his death. He was professor of ophthalmology and otolgy at the Northwestern University Medical School for twenty five years.

Dr. John E. Woodbridge, of Cleveland, Ohio, died recently aged fiftyfive years. He was known as the originator of the Woodbridge treatment of typhoid fever.

Dr. N. S. Davis, Sr.—The testimonial banquet to Dr. N. S. Davis Sr., at the Auditorium Hotel, Chicago was attended by three hundred physicians from Chicago and all parts of the country. Addresses were made by a number of prominent practitioners. Dr. Davis was presented with a beautiful silver loving cup. On one side is set the likeness of Dr. Davis, on the other is carved a leaf of victory, with the motto underneath, "Palmam qui meruit ferat." The inscription of donorship reads: "Presented Nathan Smith Davis, A. M., M. D., LL. D., in recognition of his long and distinguished services to medicine in every field of usefulness by the members of that profession which he has so conspicuously adorned and to whose shield he has given an added lustre." Dr. Davis kindly appreciated the kindly feeling of the profession and in his address he said: "The principle of my life has been from that hour to this that when I see something beneficial to my fellow men to do what I can to help it along, and to refuse always to lay up enmity against any human being. Of his profession he remarked: "I dedicated my life to that great idea." Of others he said: "Build up, don't pull down—talk about a man's good qualities and let his bad go." "I am lonely," he concluded, "lonely because I see so few who knew me in my youth. But I have not long to wait. I shall soon rejoin them all. I am satisfied with life. I have no enemies. I have done what I wanted to accomplish. I have enough to feed and clothe me to the end. I am no rich man. I wouldn't like to die a millionaire; I should feel I hadn't done my duty."

Male Fern Poisoning—As alarming symptoms sometimes follow the administration of male fern extract, methods of using it which promise to make the danger less, should be considered. The following appears in Medical Times: Prof. Grawitz has observed a number of cases of iceterus, gastro-intestinal catarrh, renal and liver troubles consecutive to the use of this remedy for tapeworm, and in a communication to rhe Muench, Med. Woch., of September 18, 1900, warns against the use by anemic persons, or when any special organ is affected, as predisposing to intoxication. The twenty-gram doses of former days have been abandoned and eight to ten grains for adults and half this for children over six years is now the usual dose. It should never be administered with oil as a vehicle or purgative, as the oil favors its absorption. Grawitz, also advises against "pre-

paring the patient" by reducing the amount of food and taking the extract on an empty stomach. The morning of the cure the patient takes Carlsbad or sulphate of magnesia, and after it has operated, the remedy is taken with coffee. He has had a hundred consecutive cases without an accident and negative results have been extremely rare.

Convergent Squint—Providence Medical Journal summarizes modern ideas on this subject: With a fuller knowledge of the etiology of strabismus and a better appreciation of the muscular anomalies which are present, the day of indiscriminate and hasty muscle cutting is fortunately passed and those cases which were once consigned to the operating table with little regard to the existing muscular defects are now made the subject of closer inquiry and are found to be susceptible of relief by other than surgical measures. Squint is not merely a deviation of the visual axes from a normal position, there are associated with this malposition other important factors. The fusion faculty is defective, there is generally amblyopia in the deviating eye, or there is a suppression of the image in the weaker and there is almost uniformly a high refractive error, and it is the consideration of these points which has changed the mode of treatment. It is frequently noted that the training of the fusion faculty is sufficient to correct the deviation, and as binocular vision is acquired as early as the first year of life, the importance of early treatment cannot be overestimated. Essentially, treatment should be towards four objects. First, to prevent the loss of central fixation in the squinting eye. Second, to prevent deterioration of vision in the weaker eye. Third, to train the fusion faculty at the earliest age. Fourth, to restore to normal the visual axes. An attempt to accomplish the first must be made by correcting all refractive errors, and the usual dread which parents have of putting glasses on their children should not be allowed to interfere with plans for the child's betterment. Even at the age of three or four it will be found that correcting lenses are tolerated, and it may be stated that at as early an age as an estimation of the refraction by retinoscopy is possible, spectacles should be prescribed. Deterioration of vision in the weaker eye may be retarded by the use of atropia in the fixing eye, thus forcing the child to use the squinting eye and preventing amblyopia exanopsia, and by appropriate orthoptic exercises the fusion faculty may be trained as soon as the child is old enough to note and appreciate pictures. Surgical methods should be adopted only after these procedures, save in those cases where the cosmetic effect alone is desired and when the vision of the squinting eye is not susceptible of improvement or a definite position of false fixation is assumed.

Nucleo-Mercury for Syphilis—The following extract from Dr. Aulde's forthcoming monograph, entitled "Physiological Cell Medication," will be interesting to every physician who has to deal with specific infection:

The treatment of syphilis by mercury has long passed the experimental stage, but notwithstanding our present knowledge of its antidotal action in the secondary stage, there are frequent complaints of unsatisfactory results. Perhaps the cause may be discovered when too late to remedy, in which case the patient suffers. The dose may be too large, as is usual in the case with both calomel and the bichloride, and as a consequence cell function is hindered and lymph deposits remain unabsorbed, when obscure nervous phenomena manifest

themselves and resort should be had to preparations of gold. However, these untoward effects may be avoided by the judicious employment of nucleo-mercury, for several reasons, amongst which should be mentioned the following:

1. It is an antiseptic, and in the small doses at short intervals, as advised, acts locally as a gastric sedative.

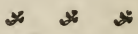
2. The mercurial being insoluble, but thoroughly comminuted by mechanical trituration, it is readily absorbed and promptly distributed, thus avoiding cumulative action.

3. The reconstructive properties of nuclein (from animal sources) contribute directly to the normal conservative processes; hence the evidences of progressive improvement may be studied from day to day.

4. Clinical observation shows that it is an active preparation as against skin eruptions, mucous patches and pains, and that in moderate doses, it improves rather than disturbs digestion; hence its signal value in syphilis of the nervous system.

As an adjuvant Dr. Aulde also advocates the employment of alkaline saline treatment, believing that the alkali restores and maintains the normal alkalinity of the blood, thereby increasing its oxygen-carrying capacity and aiding oxidation, while the saline persistently contributes to produce therapeutic effects because of its solvent action upon albuminates, the form in which mercury is distributed throughout the system.

Accepting the popular definition that "science is knowledge classified," we have here an apt illustration in this practice, embracing as it does the best modern ideas bearing upon the treatment of the disease, namely: Mercury as antidote, through its influence upon cell function in the lymphatic glandular system upon which it has a selective action, with nuclein as its scientific and clinical complement, as well as its normal physiological synergist. As adjuvant, the alkaline saline treatment is added for the purposes stated.



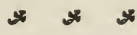
A Fable—Dr. H. A. Parkyn is writing fables for his magazine, Suggestion, which if continued are likely to give him a reputation as a modern Æsop. Suggestion is a bright magazine which any physician can enjoy. We present Dr. Parkyn's fable of "The Man with the Soup Stone:"

And the brother of the Man Who Had Executive Ability also knew A Thing or Two about Human Nature. One day he was afar from his domicile, and having parted company with his Wherewithal, and being sorely afflicted with a Ravenous Appetite, with nothing in sight to appease it, he bethought himself of a means whereby he might Get Outside of a supply of nutritious food, and at the same time accumulate a little of the Root Of All Evil. So he provided himself with a fine, plump, clean, white stone. And, approaching a promising looking farm-house, he besought the Good Housewife to allow him the use of her fire and soup-pot, whereby he might be able to prepare for himself a potful of delicious soup, by means of the Magic Soup Stone that had been handed down in his family for generations. The Housewife readily consented, for great was her curiosity, and soon had the pot bubbling over a fire. And the Man, dropping a stone in the pot, began to stir in deadly earnest. After a bit he tasted and remarked that everything was going along finely, but that a little salt was needed to give it a flavor. And the Housewife hastened ts give him the salt and likewise a little pepper. Stirring away, and occasionally tasting the soup, the Man suggested that a few vegetables would improve the soup very much

indeed. The curious and good-natured Housewife gladly added the vegetables, upon the man promising to give her half the soup in payment thereof. She was fond of bargains, was the Woman, and knew one when she saw it, for had she not been to Chicago and seen her city sisters scrambling at the Bargain Counter for goods selling at 79 cents, "marked down from $4.25?" She had. And the chance of getting a half-pot of soup for only a few vegetables appealed to her Bargain instinct. And the man kept stirring away. And after a bit, looking around, he said: "I see you have some meat intended for dinner. Now you have been very kind to me in letting me use your fire and pot, and in return therefore I will let you boil your meat in my soup." And the woman seeing another chance for a Bargain, handed him her bit of meat to boil in his soup, thinking at the same time that the flavor of the soup would improve the taste of the meat. And the soup was boiled, and with it the meat. And the Man and Woman, and the Woman's family, dined sumptuously upon the Man's soup and the Woman's meat. And the heart of the Woman yearned for the possession of the Magic Soup Stone. And the Man, after making that which the unregenerate would call a Bluff, yea, several of them, sold unto the Housewife the Magic Soup Stone for the small and insignificant sum of five silver dollars of the ratio of 16 to 1. And the Man departed, and with him the dollars. But the Housewife and the Soup Stone remained.

And the Man in after days, remembering the experience of the Soup Stone, started in the manufacture of Patent Medicine, guaranteed to cure Dyspepsia and many other ills to which people think the flesh is heir. His Patent Medicine consisted of vile-tasting colored water, but the patient was instructed to take plenty of exercise, practice deep breathing, drink two quarts of water a day, abolish fear and maintain a cheerful frame of mind, being told that these things "materially increased the efficiency of the medicine." And many bought the medicine and were cured. And the man waxed rich and fat. And he often dreams of the Soup Stone of his youth and the Patent Medicine of his old age. They are two of a kind.

Moral: Nothing plus Some Things, equals Everything.



Diagnosis of Tabes.—Dr. J. F. Duncan, of Toronto, has an important article in the Canadian Practitioner and Review on the early recognition of tabes. He calls especial attention to the value of the eye symptoms in making a diagnosis. In writing of the pre-ataxic stage he says: What are the symptoms of this stage?

Osler gives them as (1) pains, (2) ocular symptoms (3) loss of the knee-jerk. These are pre-ataxic symptoms but it has not yet been definitely ascertained which, in the majority of instances, is the earliest. I believe the ocular symptoms will be found to occupy that position. The eye symptoms are, of course, well known to all of us. Some of them are found in almost every case of locomotor ataxia.

But it will be well to get these symptoms clearly before our minds; then we shall endeavor to determine the question of their priority and of their value.

They are (1) strabismus, or squint; (2) ptosis, or drooping of the eyelid; (3) the fixed pupil (Argyll Robertson pupil); (4) inequality of the pupils; (5) optic atrophy.

1. The strabismus of tabes has characters of its own. It often comes on suddenly. It is very likely to be temporary. It may last but a few days or weeks, and may recover as

suddenly as it came on. It may produce double vision. Any of the muscles may be paralyzed, therefore the squint may be in any direction. Although usually temporary, the squint may be permanent.

2. Ptosis—The ptosis of tabes may be single or double; generally it is single, only one lid drooping. The ptosis, like the squint, may be temporary or permanent.

2. The fixed or immobile pupil—On looking at the pupils, no abnormality may be observed. Upon covering them with the hands, however, they do not dilate, nor on exposing them to a bright light do they contract. They are fixed, immovable. They do diminish in size, however, on convergence. This is the Argyll Robertson pupil.

4. Another pupillary symptom is seen in tabes, namely, inequality. This is generally due to the contraction of one pupil. The vast majority of tabetic patients have one or other of these pupillary symptoms. Berger claims that 97 per cent. of cases of locomotor ataxia shows some pupillary symptom.

5. Optic Atrophy—This produces more or less failure of sight. The atrophy is grey and it is primary. The retinal vessels are not affected in size.

These, then, are the eye symptoms which are encountered in tabes, viz.: Strabismus, ptosis, fixed pupils, unequal pupils and optic atrophy. Are they the earliest indications of tabes? Olser puts pains as the first ot the pre-ataxic symptoms. Unquestionably, the diagnosis of tabes is generally made first from the pains; but that is readily explained by the fact that pain speedily drives a man to his physician, but fixed pupils do not. For a fixed pupil produces so little inconvenience that it may exist for months before it is noticed. But even when pain sends the patient for advice, how often the doctor will find Argyll Robertson pupils existing at the same time! The same remark may be made in regard to the loss of the knee-jerk. In such cases then the eye symptom has preceded the pain, although it was not noticed. And not unfrequently this symptom (fixed pupil) is noticed long before the pain comes on. So with the other ocular symptoms. A patient in adult life consults his physician for a suddenly appearing squint, or ptosis, or for an optic atrophy, and he may have had pains or other noticeable symptom of tabes. If no cause is discovered for these eye symptoms, we are certainly justified in suspecting locomotor ataxia. In such cases the eye symptoms are the earliest indications of the disease. Cases are on record making all these facts clear. Neurologists and ophthalmologists the world over are insisting more and more on the importance of these ocular symptoms as being among the earliest indications of the disease.

In endeavoring to sum up this matter, I would emphasize the following points.

1. The extreme importance of early recognition and treatment of tabes.

2. That the eye symptoms in a certain number of cases precede all the others.

3. That if, especially in an adult male patient, any one of the ocular symptoms be discovered, the case should be thoroughly investigated, even if no other symptom be discerned, and kept under observation until clearly understood.

4. But that if in the course of such investigation even our other ocular symptoms be found, the case is probably one of locomotor ataxia.

5. That if such a case be left untreated, ataxia may be expected to appear after a longer or shorter time; but if treatment be instituted, the patient may remain in the pre-ataxic stage, and continue to be a useful member of society.

BRIEF MENTION.

There is no such thing as luck.—Armour.

The secret of success is constancy to purpose.—Disraeli.

Investigate the merits of Dr. Kellogg's funis ring. Sample free.

Sunlight is usually, and fresh air is always necessary in the sickroom.

Maltzyme products are both elegant and efficient. Get samples and prove it.

If you are looking for a new location, write the American Medical Agency, St. Louis.

If you are interested in the prevention of mouth-breathing, write John A. Perou, San Diego, Cal.

Send for a sample of Dr. Becker's compound digest and see how it will help some of your cases of indigestion.

Dr. W. Towns, of Fond du Lac, Wis., has made a life study of epilepsy. He can assist you in curing your cases.

When you buy instruments you want something reliable, such as Sharp & Smith make. There are none better.

Sandor Braun, M. D., Buda-Pest, Hungary, writes: I have used Fellows' syrup of hypophosphites in cases of capillary bronchitis, in chronic debilitating diseases and in rachitis in children, and I have become convinced that it is of great value.

Brown iodide of lime made by Billings, Clapp & Co., Boston, is considered a specific, by many, for membranous croup.

The tape worm remedy, prepared by Dr. W. H. Gray, Michigan City, Ind., is a specific, which he can prove to those interested.

For several years we have used preparations made by the H. M. Merrell Co., of Cincinnati, and have always found them very reliable.

T. C. Morgan & Co., of New York, offer our readers samples of their sabalol spray. This is an efficient preparation in the treatment of many diseases of the nose and throat.

Might is right in sparrow world. Their causes for quarrel are food, water, quarters and nesting material —pretty much as with ourselves.—Seton-Thompson in Ladies' Home Journal.

Eucalyptus has been proven to be a very valuable agent in various throat diseases. The Tyndale Eucalyptus Co., of Geneva, Ill., makes some fine eucalyptus preparations. It pays to use them.

Dr. G. M. Sullivan, of Lewiston, Mo., says: I have used neurilla and pil. quin. Dad and take the greatest pleasure in recommending both to the profession, the quinine being greatly superior to other manufactures. Neurilla is a wonderful remedy wherever a nerve calmative is indicated.

Gude's pepto-mangan is a powerful blood-forming agent; a genuine hemoglobinogenetic; feeding the red corpuscles with organic iron and manganese, which are quickly and completely absorbed in cases of anemia from any cause, such as chlorosis, amenorrhea, dysmenorrhea, chorea, Bright's disease, etc.

An Oregon physician writes: I must say that I am very well pleased with the effective action of the Abbott alkaloidal preparations so far as I have used them. Aconitine, hyoscyamine, codeine and strychnine arsenate have proved in several cases all that could be asked of medicines. Hyoscyamine and aconitine particularly so in a case of spasms of a year-old child I had a few days ago.

Nothing great is ever accomplished without enthusiasm, energetic persistance, and a determination to do the right thing, regardless of obstacles. A weak, vacillating person, a half-hearted man, excites no admiration or enthusiasm. Nobody believes in him. It is the energetic, dead-in-earnest man who creates confidence; and without the confidence of others, it is difficult to succeed.—"Success."

Iodomuth ($Bi_7C_7H_7I_2O_5$) is an organic compound containing bismuth and iodine in permanent and unirritating form. In color, it is a reddish brown, and in form, it is an impalpable powder, and is odorless and tasteless. Its uses are many, because it is the healing agent par excellence. As a dusting powder in minor surgery it is far superior to iodoform. Its desiccating property renders it valuable as a hemostatic in minor surgery and in gastric or intestinal hemorrhage, and in all ulcerative conditions.

There have been many reported "strikes" in oils, nnd now it is asserted by some scientist that petroleum is really a distilled ahd fossil fish oil. Is it possible that Norway cod was really at the bottom of the Standard Oil Company? Who can say? If science says so, one may go on downing the oil, but there is no downing science. Hagee evidently believes in science and in oil in the same breath. In any event Hagee's ol. morrhuae comp. is the outcome of scientific combination and adaptation. Its formula makes it a food of the greatest value in all wasting diseases and low states. If there is anything better in the market we shall be glad to herald its virtues. —The Dietetic and Hygienic Gazette.

Ferro-phosphorated taraxangium is a true nerve food, combining the elements of nerve structure; readily assimilable, correctly and surely renews nerve tissue, removes all irritation; restores regular functional action and cures anemia, neurasthenia, hysteria, chorea, nervous debility and all severe nervous diseases, and plays an important role in the treatment of consumption, Bright's disease, diabetes, catarrh, etc., and it, or an ageut with like properties, is absolutely essential in their cure. The F. P. T. is unequaled for the prevention and cure of la grippe and the many serious and dangerous neuroses following that malady. Dr. Koonse, Lafayette, Ind., will give inquirers full information regarding the remedy.

Ointments are curative agents, their functions being to protect the diseased skin from all external irritants and impurities; from atmospheric influences and vicissitudes; to aid in the absorption of medicaments; to relieve by cooling and soothing the burning sensation of inflammation. Lanikol meets these requirements.

THERAPEUTICS.

IMPORTANCE OF EARLY TREATMENT OF INSANITY.

We have long entertained the belief that many cases of insanity would not have deepened into incurability of chronicity if they had been early treated in a correct manner. Many cases of melancholia which deepened into incurable insanity began by a patient worrying over the death of some relative or friend, or from the loss of property or some other trouble. While these people would worry they could not sleep, and there was kept up an active state of congestion of the brain that made recovery almost impossible. We will find a great many cases of insanity which have a history like this. Now we hold if these patients had been given early an efficient sedative and soporific, the brain would have been given sufficient rest, and the patient in a short time would have entirely recovered. Every drug that is recommended as a soporific is not one which is efficient, and certainly not all of them are harmless. The bromides are neither harmless nor reliable, and chloral is positively dangerous. In view of conflicting facts regarding these sleep producers it will be earnestly asked: What is a good, harmless sleep-producer that will drive away sleeplessness and give the brain of troubled people a rest? In answer to this question we may answer that Daniel's conct. tinct. passiflora incarnata is one of the best remedies to relieve congestion of the brain and to induce sweet, natural sleep, from which the patient awakes without any bad feeling or constipation or biliousness, as in the case when opiates or the bromides are taken. Again it can be said that Daniel's conct. tinct. passiflora incarnata is not a cardiac depressant, and that in fact it has no secondary or untoward action whatever. A patient who takes this remedy sleeps like a baby and pays no price like that which the opiates exact —derangement of the secretions, establishment of habit, etc.

DIABETES MELLITUS.

Dr. Archibald Dixon (Medical News, September 14, 1901) reports a series of cases of this disease treated with satisfactory results. He says wisely that one or two successful cases are not enough to warrant judgment of the merits of any drug, but at the same time he claims that the combination of gold and arsenic, known as arsenauro, has proved highly efficacious. He thinks the deductions made by Stucky are correct, and that in the combination of gold and arsenic we have an agent which is the direct cerebro-spinal stimulant. In the combination there is developed an action entirely different from either gold or arsenic separately, which by its glandular stimulating properties aid elimination and feed the nervous system, thereby checking waste, stimulating the cord, brain, glandular digestion, and by its reconstructive power lessens disturbances of metabolism. In a typical case the treatment was with bromide of gold and arsenic, in the combination known as arsenauro, five drops after each meal, increased by two drops each day. The usual directions were followed as to diet. The improvement in the case was marked. The decrease in the quantity of urine passed and in the amount of sugar present was evident the first week. In three weeks there was barely a trace of sugar and the urine was much reduced in quantity. Later the urine had become normal in quantity and the sugar had entirely disappeared. The eczema and pruritis caused by the

diabetes had also disappeared. As Dixon says, the number of drugs that have been recommended for diabetes is legion, but in the one here alluded to, he thinks we have found a reliable remedy.—Philadelphia Medical Journal.

NEUROTIC CONDITIONS OF CLIMACTERIC PERIOD.

This form of neuroses is considered by the latest and best authorities as essentially hysterical and neurasthenic, a statement that seems borne out at least in part by the predominance of the various reflexes. How far this condition may be due to irritation of the nerve ends in the ovary, depends, it would seem, on the degree of atrophy and consequent contraction of the tissues. The ordinary physical disturbances due to menstruation in some cases persist and cause various phenomena and often much annoyance. And while many of these symptoms may be, and some of them doubtless are, neurasthenic, it will be found wise not to abandon special medication. In the greater number of cases two five-grain antikamnia tablets, repeated every hour if necessary, will be found to give entire relief. Under this treatment the reflexes are naturally abolished, the nerves are soothed and the system returns to its normal equipoise. Antikamnia tablets are essentially pain-killers, yet in this instance they nullify the reflexes almost precisely after the same physiological fashion, so to speak, as they relieve pain, and without unpleasant after-effects. In cases of threatened metrorrhagia it is always advisable to administer antikamnia and codeine tablets as frequently as may be found necessary, say one every hour until six are taken.—George Brown, A. M., M. D., Atlanta, Georgia.

ECZEMA.

Ecthol exerts a decided influence on eczema, and can be used to advantage in several different conditions. In cases of moist and inflamed lesions, with great soreness and irritation, it may be given in teaspoonful doses; and the more markedly the eruption is purulent the more decided the effect. It may also be used with manifest advantage when the patches are greatly infiltrated and the inflammation is sub-acute in character.—American Journal of Dermatology and Genito-Urinary Diseases.

IVY POISONING.

A Texas physician writes: I cured an entire family with the one sample box of chiolin sent me recently. They were all suffering from an eruption occasioned by poisoned ivy which they acquired while being out berry-picking lately. It is unquestionably the best remedy for the above trouble I have come across in a life-long practice of medicine and I shall see that my druggist always has it in stock.

A GOOD TONIC.

The experience of countless physicians leaves no ground for doubt that Gray's tonic is the remedy par exsellence—the pleasant, uniformly effective remedy—in waste of tissue and impoverishment of blood and vitality. Its rapidity of action is especially noticeable in convalescence from typhoid fever, la grippe, pneumonia and other exhausting ailments. Its uniformity of action is a certainty in all. Gray's glycerine tonic comp. owes its distinctive value to the proportion of the contained ingredients and their manner of combination. All imitations lack these characteristics.

INCIPIENT PHTHISIS.

Below is givin a report of a case of incipient consumption treated by Dr. T. J. Biggs, Stamford, Conn. The patient entered the hospital June 29, 1901, and was put in an isolated room; secretions regulated, and the nurse ordered to give two teaspoonfuls of bovinine in a glass of peptonized milk every two hours. Aug. 3 the bovinine was increased to a wineglassful every two hours in peptonized milk. From this time on the patient showed steady and uninterrupted improvement. August 10 the dyspepsia had disappeared, his heart became fuller and softer; his cough had entirely disappeared; expectoration very slight; had no hemorrhages; pain had entirely disappeared. He had only two night sweats within a week; his pulse rate had dropped from 110 to 94; his temperature from 102 to 99. He was now allowed a light general diet. The bovinine was increased now to two wineglassfuls every three hours in peptonized milk, with a light general diet. I have never seen a case respond so beautifully to treatment as this case did From this time on to his discharge, August 27, his improvement was daily noticeable. August 27 he left the hospital, having gained twelve pounds in weight, was not coughing, temperature normal, pulse normal, and feeling strong and well.

AN INTERESTING CASE.

Dr. W. T. Dodge, of Big Rapids, Mich., surgeon to Mercy Hospital, reports as follows; Cerebral hemorrhage, male, age 55, was suddenly seized by vertigo, followed by partial unconsciousness, convulsive movements of right side of face and eyelid, rolling of eyeballs, etc. Gradually there ensued paralysis of right side of face and external rectus muscle with double vision. Arterial sclerosis present. Made diagnosis of cerebral hemorrhage causing incomplete hemiplegia. A week later patient was examined by an oculist and above diagnosis confirmed. The specialist advised large doses of iodides (syphilis suspected, but denied by patient) which I used, gradually increasing dose until 200 grains a day were taken. With iodides also used other indicated treatment, but with negative results. As patient was losing ground instead of gaining, above treatment was suspended after sufficient trial. Then began to use the Roberts-Hawley lymph compound alone in 10 minim doses, twice daily. Results: Very soon marked improvement was noted, patient made rapid and complete recovery after six weeks' treatment. The specialist pronounced the cure complete. Treated over four months ago and remains free from symptoms in spite of his recently having undergone severe mental agitation from business embarrassments.

GENITO-URINARY ATONY.

Dr. O. C. Vermilya, Fremont, O., writes: I have used sanmetto quite extensively in my practice in cases of genito-urinary atony and general vesicle and urinary irritability. I have always found it safe and reliable. When other means fail me, I find that I can rely upon sanmetto to help me out.

HEDONAL.

Lenz (Wein. Klin. Rundsch.) recommends hedonal as trustworthy and safe, especially in the lighter degrees of insomnia occurring in neurasthenia, hysteria, and incipient general paralysis, in which the best results are obtained by a frequent change of the hypnotic. The powder is best taken stirred up in milk. The dose is 15 to 45 gr., and averages 23 grains.

SOCIETY ECHOES.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The twenty-seventh annual meeting of the Mississippi Valley Medical Association adjourned at Put-in Bay, after a most successful session, on the morning of September 14, out of respect to our martyred president. The following officers were elected for the ensuing year: President, S. P. Collings, M. D., Hot Springs, Ark.; first vice president, J. C. Culbertson, M. D., Cincinnati, O.; second vice president, Paul Paquin, M. D., Asheville, N. C.; treasurer, Thomas Hunt Stucky, M. D., Louisville, Ky.; chairman committee of arrangements, A. H. Cordier, M. D., Kansas City, Mo. The twenty-eighth annual meeting will be held at Kansas City, Mo., October, 1902.

EGYPTIAN CONGRESS OF MEDICINE.

The first Egyptian Congress of Medicine will be held in Cairo, December 10–14, 1902. The president of the congress is Dr. Ibrahim Pacha Hassan and the secretary Dr. Voronoff. The subjects presented will have special reference to the diseases common in Egypt, bilharzia, ankylostome duodenal, bilious fever, hepatic abscess, purulent ophthalmia, plague, etc. We have received the preliminary program which indicates that this will be a medical meeting of much interest.

MISSOURI VALLEY MEDICAL SOCIETY.

The fourteenth annual session of this society convened in St. Joseph, Thursday, September 19, President Treynor in the chair. After passing resolutions on the death of the president, the society adjourned to allow its members to attend the McKinley memorial services. Thursday evening the society boarded a special train of Pullman sleepers for Eureka Springs, Ark., where the annual outing took place, and the regular program carried over from St. Joseph was presented. Friday evening a reception and ball was tendered the visitors by the local profession and citizens of Eureka Springs, and Saturday was devoted to sight seeing in the mountains, several tallyho coaches and sixty saddle horses being provided for the purposes. After a sumptuous dinner the members left Saturday evening for the return trip, arriving in St. Joseph Sunday morning. The following physicians were elected to offices for the year: President, R. E. Moore, Omaha; first vice president, A. D. Wilkinson, Lincoln; second vice president, M. F. Weymann, St. Joseph; treasurer, Donald Macrae, Council Bluffs; secretary, Charles W. Fassett, St. Joseph. Semi-annual meeting will be held in Lincoln in March, 1902.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

The fourteenth annual meeting of this society was held at Cleveland September 17, 18 and 19, under the presidency of Dr. W. E. B. Davis, of Birmingham Ala. Officers elected for the ensuing year are: President, Dr. Edwin Ricketts, Cincinnati: vice presidents, Dr. Charles G. Cumston, Boston, Dr. M. F. Porter, Fort Wayne, Ind.; secretary, Dr. W. W. Porter, Buffalo; treasurer, Dr. X. O. Werder, Pittsburg. The next meeting will be held in 1902 at Washington, D. C.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The twenty-ninth annual meeting of the association was held at Buffalo, September 17–20. Officers for next year are: President, Dr. H. D. Holton, Brattleboro, Vt.; secretary, Dr. C. O. Probst, Columbus, O.

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LEADING ORIGINAL ARTICLES.

THE TREATMENT OF HAEMORRHOIDS.

By Charles G. Miller, M. D., 410 Second Street, Memphis, Tenn.

Articles without number have been written upon this subject, yet I offer no apology, but urge every physician who has not operated for the cure of this condition to carefully read this brief article. I offer nothing new, but simply say that there are thousands of physicians who have millions of patients suffering from this condition and urgently demanding relief. All these patients can be cured; all these physicians can cure, and it is of these latter who do not cure that I earnestly request attention.

Briefly a diagnosis is necessary and as a beginning we will say that haemorrhoids or piles are tumors, and that such is what we will find to assure us of our diagnosis. When external to the sphincter they are easily seen by a separation of the buttocks, as tags or teat-like projections at the anal orifice, varying in size and color according to whether they are inflamed or quiescent. When no inflammatory condition exists these may be removed by simply snipping them off and an antiseptic dressing as of boric acid or iodoform completes their treatment. With its removal only simple cleanliness need be practiced. Where inflamed they are best treated as the internal, without, of course, the preliminary divulsion of the sphincter unless internal tumors exist as well.

Internal haemorrhoids give rise to various symptoms, which may be briefly tabulated as pain, haemorrhage, protrusion, constipation, a sense of fullness, weight or heaviness in the rectum, any or all of which symptoms may be absent. If they have undergone a severe inflammation accompanied by a phlebitis of the contained veins which has resulted in a thrombus plugging their lumen they may be felt by digital examination, otherwise nothing may be revealed by such a proceeding. But to be sure of the presence of the tumors, if positive evidence is desired, an enema of lukewarm water should be given and with its discharge they will protrude and can be seen, felt and examined to the extent desired. With this very brief symptomatology, we again reach the subject of our paper, and say in the beginning that all these tumors are to be removed forever.

First is necessary a very simple preparatory treatment, commencing best

the day before as a full bath; this to be followed by a dose of salts, preferably magnesium sulphate, one ounce, or we may use the same quantity of sodium and potassium tartrate, or some good saline water, as happens to be most convenient, in order to secure the desired result—an empty alimentary canal. The next morning an enema should be given and soon after its result has been secured the operation may be performed.

A general anesthetic having been given until the patient is profoundly under its influence, the parts are washed with soap and water and the sphincter ani divulsed. This may be accomplished with one of the large rectal speculi, but no such instrument is essential, as the work may be as well or better done with the fingers or the thumbs—the two first fingers or the thumbs of each hand being introduced back to back. The sphincter ani is to be gradually stretched until (and this is a point to be remembered) the piles roll out and are freely exposed. The sphincter temporarily paralized, the parts to be operated upon, lie before our eyes, and without difficulty we can grasp the tumors with forceps. These may be of any character, so that they grasp the tumors firmly, but preferably should be regular pile forceps. The tumor being firmly grasped traction is made upon it and a groove going entirely through the mucous membrane is cut. This groove furnishes a secure resting place for the ligature which should be strong, tied tightly, and if the part tied off be large the pedicle transfixed and tied in two halves. Around both another turn should be taken and tied unless the first ones applied interlock, when such a precaution is unnecessary. This having been repeated upon each mass, the ligatures being allowed to remain with ends two or three inches long, the tumors are grasped, drawn upon and cut off, leaving only sufficient to the pedicle to hold the ligatures. Then a simple antiseptic dressing is applied and held firmly in place with a bandage.

During the first three days milk and soft-boiled eggs furnish the chief diet, after which time a saline having been given and the bowels having acted, the patient may gradually return to his accustomed diet. The ligatures are watched easily by the ends projecting from the anus, and if separation has not occurred by the seventh or nineth day gentle traction will as a rule result in their withdrawal. With the separation of the ligatures the patient can gradually assume his usual habits, consulting his own feelings as a rule in regards to this matter.

Complications immediately following the operation are first, pain. This must be met with morphia, one-fourth of a grain, as soon as the patient is conscious and when the full effect has been secured, if not relieved, it should be repeated as necessary. Not infrequently the patient is unable to pass his urine. This is easily overcome with ordinary gum catheter, if such simple measures as hot applications over the hypogastrium and perineum fail. Aside from this, very rarely do we have any trouble and but little concern need be felt regarding these patients.

In closing, let me urge as strongly as I can the practitioner, to relieve these patients, and it is his duty to urge that they permit him to relieve them of these tumors and the suffering they inflict upon these unfortunate patients. For the relief is prompt and sure and the operation unattended with mortality.

I have absolutely ignored valuable methods for the cure of these conditions, for in the very briefness of this paper I hope to reveal to some the ease, the surety and the simplicity of this procedure and after a single effort my readers, with the assurance of suc-

cess, will forever be able to relieve all cases of haemorrhoids, thus broadening their field of usefulness and lifting a burden of pain and discomfort from many lives.

SOME REMARKS ON THE CHEMICAL EXAMINATION OF URINE.

By J. R. Etter, M. D., Crawfordsville, Indiana.

(Read before the Montgomery County Medical Society.)

The urine, of all the excretory products of the body, is by far the most important from a diagnostic, and in many cases a prognostic point of view. The prognostic study of the urine is very interesting and important, but the limit of this paper will not permit more than a passing notice. My object is to present some plain rules and formulas, by which the general practitioner may with small expense, and little time, make an analysis of the more important pathologic products, thereby enabling him to state more positively the disease in hand and the hopes or fears for the future.

While it is true that an examination of the urine in many cases cannot be considered complete without the aid of a microscope; yet this part of the subject will not be treated here. It does not require a very extensive outfit to make the ordinary qualitative and quantitative examinations.

Sample for Examination—Where a qualitative examination only is desired the urine should be obtained two or three hours after a meal. It is a mistaken idea that the early morning is the best, as in this case there is less albumin and sugar present than during the process of digestion. The urine should be voided at the office if possible as this will insure the sample to be genuine and fresh. Where the sample cannot be examined within twenty-four hours there should be a few grains of salicylic or boracie acid or hydrate of chloral put into it as a preservative. Where a quantitative examination is desired, the entire amount of urine passed in the twenty-four hours should be collected and noted, from this the sample should be taken. The reason for this is obvious as on the total amount passed will depend the per cent. of solids excreted. In all cases the urine should be filtered. In normal urine there are about 967 parts of water, and 33 of solids to the 1,000, and the specific gravity about 1.020; this however may vary from 1.015 to 1.025 and still be within the range of health.

Ocular examination will often aid in pointing to the probable contents; as for example if there is almost a lack of color, we probably will find sugar, and on the other hand if it is very dark colored the chances are that it contains large quantities of solids and blood corpuscles. As a rule the lighter the color the greater the quantity passed in the twenty-four hours and vice versa.

A record of all examinations should be kept for further reference. For this purpose one should have a book, in which to record the name, age and analysis of each examination.

The specific gravity will vary to a considerable extent at different times of the day, and it is always well to have several samples for comparison. The great variations that occur under different circumstances as in the matter of food, exercise, etc. should admonish us not to be too hasty in our conclusions at the first examination. It is only when we have made sufficient tests to show the constancy of the abnormal product, that we can form an intelligent opinion as to its pathological significance.

ALBUMIN.

There are several conditions in

which albumin may occur in the urine, among which may be mentioned anemia, certain nervous troubles (especially where the vaso-motor nerve is interfered with) some of the infectious fevers, circulatory disturbances, especially in organic heart disease, prolonged fatigue etc, But it is especially in parenchymatous nephritis and some other affections of the kidneys that the presence of albumin is constant and of the greatest significance. In nephritis the per centage of albumin seems to be in proportion to the progress of the disease, and in this case to be of greatest value, quantitative analysis must be made and often repeated. It is a mistaken notion that all kidney diseases are reflected through the urine in the form of albumin, as in interstitial nephritis we may have an entire absence or nearly so of albumin throughout the disease.

Qualitative Test for Albumin—The old "boiling and nitric acid" test is easily made but errors are liable to occur on account of the precipitation of mucin and phosphates and where only a small amount of albumin is present, no precipitate at all may appear, especially where an excess of acid is used. The following method is simple and easily made and will show the most minute trace of albumin. To about two drams of urine add half dram of solution of ferro-cyanide of potash (1 to 20) shake well and add a few drops of dilute acetic acid (50 per cent.), if albumin be present, it will occur in a minute or two as a milk-like opacity diffused throughout the contents of the tube. The best check test that can be readily made is as follows: Fill test tube two-thirds full of urine, add one-sixth as much of a saturated sodium chloride solution, then fifteen to twenty drops of 50 per cent. acetic acid, boil the upper half inch of the solution, when the smallest trace of albumin will appear in the boiled portion. Either of these tests are positive and readily made, but the ferro-cyanide is the more simple and all that is generally required. In cases sf albuminuria the physician should make comparisons often and should not be content with chemical examinations alone but he should call the microscope to his aid.

Quantitative Test for Albumin—With an albuminometer the quantity may be approximately determined as follows: Make a solution of picric acid forty-three grains, citric acid ninety-five grains, distilled water to measure twenty ounces, fill albuminimeter with urine to letter "U" then add test solution to "R," shake well and set aside for twenty-four hours, when the amount of precipitate may be read from the figures on lower part of tube. By this means the per cent. as well as total quantity excreted may be computed with considerable accuracy.

SUGAR.

The next important substance that I will mention is sugar. There would probably be found a trace of sugar in 90 per cent. of cases examined, and in fact some authorities claim sugar is a normal constituent of the urine, and that it is only when in excess that it becomes of pathologic significance. Temporary glycosuria is very common and may occur in various fevers (especially scarlet fever), in diseases of the lungs, liver and brain. I believe that sugar in quite appreciable quantities will always be found in severe cases of phthisis pulmonalis. There are a large number of foods and medicines that cause sugar to temporarily appear in the urine. Among the most commonly used drugs may be mentioned morphia, strychnia, salicylates, mercury, turpentine, etc. I will also add acetanilid. This latter substance I have not seen noted so far by any authority. Acetanilid or the derivatives of coal tar have become of such popular use by the laity for headaches

that it is important to ascertain whether the subject is an acetanilid fiend or not.

Qualitative Test for Sugar—Solution: Dissolve forty-five grains of copper sulphate in six drams of distilled water. then add six drams of glycerine and seven and a half ounces of liquor potassa. Test: Boil about one or two drams of solution, then add six to eight drops of the urine and gently boil again, when a yellow or yellowish-red precipitate will indicate sugar. Care must be used not to add more than six or eight drops of urine. This test solution will keep indefinitely and is always ready for use. This is an extremely sensitive test and will show the smallest amount of sugar, even with but one drop of urine. I consider this a much more satisfactory test that Fehling's. In the Fehling test we must have two separate solutions, and even they do not keep well.

Quantitative Test for Sugar—In cases of diabetes mellitus, it is very important to compare the quantity of sugar extracted from time to time. Thanks to Prof. Purdy, he has given us a comparatively easy method to determine the quantity of sugar in a given amount of urine. Solution: Dissolve twenty-two grains of copper sulphate and three drams of glycerine in two ounces of distilled water. Then dissolve one hundred and seven grains of potassium hydroxid in two ounces of distilled water; mix, and when cool add four and a half ounces of strong ammonia and distilled water to make exactly ten ounces. Test: To ten drams of the boiling solution, add urine slowly till the blue color is just neutralized. It takes exactly one-third of a grain of sugar to destroy the color in ten drams. By knowing the amount of urine used, we can readily estimate the amount to the ounce, and for the total twenty-four hours. While this total may not be absolutely correct, it is so nearly so that the tedious process of evaporation and weighing need not be resorted to.

UREA.

Urea being composed of nitrogen and the tissue metamorphosis of the body, is the most bulky of any of the solid constituents of the urine, and as it is highly toxic, it is of the greatest importance. Being constantly formed in the economy, it is also necessary that it be eliminated, or serious results must of necessity follow. In Bright's disease and some others the excretion of urea is diminished, and hence we have uremic poisoning. There are many causes for the variations in the quantity of urea excreted, even within the health limit, but this does not come within the scope of this paper. In cases of albuminuria the amount of urea is generally diminished and based largely on this fact is the prognosis. It is therefore highly important to know the amount thrown off during the twenty-four hours. The process necessary for determining this fact requires considerable care.

Quantitive Test for Urea—For this test it is necessary to have two separate solutions. One, solution of sodium hydroxid, six ounces to the pint of distilled water, the other pure bromine. Take ten parts of the sodium to one of bromine, then add an equal amount of water, when it is ready for use. The bulb of the ureameter is then filled with the test solution and one dram of the urine is discharged up in the tube. The decomposition of the urea forms a gas which displaces the fluid in the tube, and the amount of the displacement can be read off and will give the total urea or per cent. contained in the specimen.

There are many other constituents of the urine, such as phosphates, urates, bile, blood, tube casts, etc., that in some cases are of extreme importance, some of which can be deter-

mined chemically and some that require the microscope. However important these may be, it is not my intention to discuss them. The centrifuge is of the greatest value in many cases, but is mainly useful for microscopic work.

The urine is one of the most reliable guides we have in measuring the variations of nutrition and waste of tissue. While it will not be claimed that all diseases can be diagnosed by urinary examinations, yet it is equally true that no serious pathological condition can long exist without being reflected through the urine. By frequent examinations the physician may most surely know which way his case is progressing, either forward or backward. It is now almost impossible for a person to join any of the leading life insurance companies without a chemical, and in many cases microscopical examination of the urine. These companies have kept mortuary tables for many years and are fully aware of the great importance this function bears to the expectancy of life. In the present state of our knowledge, a surgeon would be slow to recommend any important operation, except when life is immediately endangered, where any great amount of albumin or sugar was present, as they are warnings of lowered vitality, a condition that cannot be ignored in process of repair. During the latter months of pregnancy deficiency of urea is one guide post that points to puerperal eclampsia and admonishes us to use prophylactic measures in time to ward off this most distressing condition. I believe it should be the rule to examine all cases at least once a week during the last month of pregnancy, as there are no subjective symptoms noticeable that would point to impending danger, as I once learned to my sorrow some years ago. The only excuse I have for writing this paper is the lax attention given to the subject by the profession at large. I have known practitioners to test for albumin with the Fehling solution. To test for the three substances mentioned above, only six or eight reagents are necessary, and these can be made stable so as to be ready for use at all times. On the front of each reagent bottle you should have the label stating what the solution is for, and on the back have the formula and directions how to use. This will save much time in referring to authorities, as one cannot always remember the necessory steps in using the various tests. I hope the simplification of the analysis here given will stimulate a closer study of this most important subject.

VERATRUM VIRIDE.

ITS USEFULNESS IN SEPTIC AND OTHER DISEASES.

By J. H. Jergesen, M. D., Horicon, Wisconsin.

My excuse for writing under the above title is a conversation I had with a young doctor some time since. He asked me what particular drug I relied on in a certain disease and I answered "veratrum." He affected not to smile and answered, "I understood veratrum was not used to any extent any more, as it is a very dangerous and variable agent, it puzzles me how anyone dare rely on it as a specific in any case, etc." He gave it as the opinion of the profession that veratrine was the only thing medical in the American hellebore. The color, resin, etc., were waste matters (dirt) and wholly unfit to be used as medicine. He concluded by saying that he had never had any grand result from the use of veratrine at that.

Nervertheless, it is a fact that I have made a friend of fluid extract of Amer-

ican hellebore; it has served me well for many years, and I would not part with it for anything portable, as Dickenson says. Therefore, it is only natural that at my first opportunity I should look up my friend's record and try to find out what those had to say about it who had made its therapeutic value a study. I must confess my finding was not very flattering and wholly in discord with my own verification of the drug.

Edes' Therapeutic Handbook of the U. S. P. says: "The truly therapeutic value of veratrum viride in febrile diseases, like that of veratria (veratrine), may be doubted." And Phillips, in his first volume on materia medica, says: "On the whole, veratrine is so unmanageable a remedy, as to be of doubtful applicability." He thus speaks of its use in pneumonia and further adds "veratrum viride does not appear to encourage the expectations that were formerly entertained of its usefulness any more than does veratrine." Ringer in his Handbook of Therapeutics gives this valuable remedy its body blow when he closes his article on the subject of veratrum viride with these words: "Veratrum viride is now very little used; hence it is probable that the accounts of its usefulness were much overdrawn."

Such testimony as the above is very damaging to such a valuable drug as is veratrum viride. This brings to my mind a story told about Copernicus, when he was persecuted for saying that the earth was round and revolved around the sun. When all those learned in astronomy had testified against his so-called heretical teachings, and he was asked what he had to say in defense of his theory, he answered; "Their testimony has so far not affected the shape of the earth nor its course."

What I am going to say about veratrum virde does not apply to veratrine or veratria, but to the fluid extract veratrum viride (American hellebore). Veratrine is found in commercial quantities in veratrum sabadilla seed only. Veratrum alba also contains veratrine, but not in sufficient quantities to make its manufacture profitable, and veratrum viride, the subject of our paper, contains still less—so says Johnson in his Medical Botany.

The dose of fluid extract of veratrum viride is from one to three minims in a teaspoonful of water.

Taken internally veratrum viride relieves arterial tension, depresses pulsation, reduces temperature, is a diaphoretic, emetic, purgative, antispasmodic, sedative and narcotic, and is an anodyne (externally).

The usefulness of veratrum viride in septic diseases is apparent from the numerous verified, physiological actions it is credited with. A most needed physiological drug action so much desired in septic diseases is relaxed arterial tension, thereby relieving also capillary tension or congestion, as in erysipelas, pneumonia, scarletina, measles, diphtheria, abscess, ulcers, to prevent puerperal fevers, to prevent formation of pus after surgical operations, in aborting gonorrhea and other like pathological conditions.

Take for example any one of the first five mentioned diseases and notice the change the administration of one and a half drops of fluid extract of veratrum viride every half hour for four hours will work. The skin will become cool, moist, pale. (That change alone is half the cure in erysipelas.) The pulse will be reduced from 120 to 95 and have lost but very little in volume, and instead of a subsultary patient you will have a calm and rational patent with an expression of well-being.

Veratrum viride reduces the pulse and respirations. By administering the above mentioned dose eight hours, the pulse will become natural. The

patient having a tendency to vomit every time a dose is given when this stage is reached, the dose should be reduced to every hour instead of one-half hour. If the patient commence to sigh, the dose is too large still, and a one minim dose should be given instead of a one and a half minim. It has been said, and I believe by nearly every one who has ever written on the subject, that veratrum viride should never be employed in the asthenic form, for fear of collapse. But I see no reason for such warning, for no matter what the physiological actions may be, they stop as soon as the drug is withdrawn. It is noticeable that all those who have sustained such a fear have given a dose of twenty minims of the tincture every four hours.

Veratrum viride reduces the temperature. There is some dispute about it, reducing the temperature in the healthy subject. Some say it does and others say it does not. Personally, I will say, there ought to be no division of opinion in such a matter, as every one can test it for himself. I know it does. I have tried it. It requires a temperature of about $98\frac{2}{5}$ F. for a septic germ to multiply. Therefore keeping the body below or at the normal temperature, the virulence of the microbes is destroyed, their multiplication prevented and the disease is jugulated, because nature itself will throw off the poison.

Pneumonia is the easiest handled with veratrum viride as a febrifuge, if the patient is not over corpulent. I do not like to give veratrum viride to over fat people. But take a patient as people average. You enter the sick room, the patient looks at you with big, shining eyes, strenuous breathing or short gasps for breath; he groans, his face is very flushed; he has an uncomfortable feeling in his throat, he is hoarse, he is restless. His temperature is 103 and his respirations are 30, his pulse is hard and bounding—120 per minute. His cough is dry, so to speak, but very troublesome. This is a case that may go both ways. With veratrum your case will be all right in four days. With other antipyretics he has passed the crisis in nine days; but you are not sure of the result. This case you will give with other selected remedies and hot compresses, as you may select:

℞ Fld. Ext. veratrum viride, mxx.
Tincture opii camph., ℥ss.
Aqua pura, ℥ Iss.
M. et. S.

One teaspoonful every half hour until pulse is reduced to 100, then every hour.

I give the paregoric in pneumonia for its anodyne and its cardiac tonic effects; it also relieves the cough.

With veratrum viride there will be no blood poisoning in diphtheria or what some doctors choose to call black diphtheria. If you control your case with veratrum viride your patient will be well on the fifth day instead of dead on the sixth.

When your gonorrheal patient consults you with a swollen penis and complains of nervousness, chill and fever, even if there is no pus, give him two drops of veratrum viride every hour and apply cold compresses. In twenty-four hours your patient will be ready for a dioxogen injection and in three days your patient will be entirely well. If you have received a fifteen dollar advance payment, you will think the money was easily earned.

In some localities at certain times puerperal fever seems to be contagious, especially in malarial districts. I know it to be a fact when I practiced in Perth Amboy, N. J. For a long season there nearly every other lying-in woman had either puerperal fever or puerperal peritonitis, and more than 25 per cent. of all lying-in women died of the disease. I had noticed the material benefit derived from the ad-

ministration of veratrum viride. While the disease was so common I commenced to prepare for the enemy by giving hourly doses of one drop of the fluid extract and lo and behold we never had another case of septic fever, and to this day, gentlemen, as soon as I have my woman delivered and comfortable in bed. out comes my veratrum bottle, twenty drops are added to fifteen teaspoonfuls of water and the woman is directed to take a teaspoonful every two hours. This, however, I generally alternate with twenty drops of fluid extract gelsemium to fifteen teaspoonfuls of water; dose one teaspoonful. The gelsemium I give to relieve after pains and secure a continuuance of lochial discharge. This is still my preventive measure. Whether this has anything to do with the fact that I for twenty years never had an accident of puerperal fever or not, I cannot say, but I know it stopped the disease in the middle of the worst epidemic I ever saw or heard of. It may be claimed that we doctors infected our patients, and that may be true; but I know that all preventatives were resorted to, disinfectant and all, without abating the epidemic; but veratrum viride promptly prevented the occurrence of the disease.

Some years ago, while I had a case of blood poisoning under treatment, I run a safety pin into my left thumb. About thirty-six hours after I woke up about 2 a. m. with a fearful pain in the thumb, which extended the whole length of the arm. I soon remembered the injury from the pin and my blood-poisoning patient. The idea gave me a very uncomfortable feeling, to say the least, as a christian scientist would put it. Before I could scramble out of bed I got one of the severest chills that I ever felt, although I have had the ague in Germany, but this chill eclipsed all of them. Finally when I did get down stairs I took my scalpel and slit open the thumb and immersed it in very hot water and kept it there about half an hour, and afterwards cauterized the wound. My head commenced to ache and my back ached, that uncomfortable tired aching that makes a person feel very sick. While in that condition I was called to go sixteen miles in the country, and I went. I returned about 4 p. m. the sickest man I ever was. It was middle of the summer and very warm, but I had to borrow an overcoat to keep warm. I remember my head was buzzing and I seemed to hear a loud noise as if several church bells were ringing. I threw myself on my bed and fell into a stupor, My wife and daughters who had become thoroughly frightened did all they could to arouse me to ask what they should give me. I told them veratrum viride and gave other directions. The medicine was faithfully given me every half hour. About midnight I commenced to vomit. After that I felt better. My pulse was at that time 62 per minute and my temperature $97\frac{1}{5}$ F. I went into a comfortable sleep. At 8 a. m. my pulse and temperature were normal, and with the exception of a very sore thumb I felt all right.

About two weeks ago I was called to a case about 4 p. m., but I did not reach the bedside until 11 p. m. The care was a lying-in woman and her fifth day. The woman had been unexceptionally well until about noon of that day, when she felt a sharp pain in her right breast and shortly afterwards her bowels felt sore. Soon she complained of an uncomfortable tight feeling in her chest, the lochial discharge stopped and she became feverous, restless, hysterical and would not answer questions. When I was first called I had ordered sweet spirits of nitre to be applied to the breasts and hot, dry applications, which order had been carried out. Let me say here, I use application of nitrous ether in these cases, because it relieves pain

and prevents local inflammation. The breasts were swollen to nearly three times their normal size and not a drop of milk in them. The lochia had been stopped seven hours. There had been repeated hot rectal injections without effecting an operation. Her pulse was 135 per minute and her temperature $104\frac{1}{5}$ F., respirations 28. Her face was very flushed, lips blue, nose and around the mouth unnatural white, muscles of the face in the grin of distress. In this condition I found her at 11 p. m. I commenced giving her veratrum viride at once and about 1 a. m. I gave her another rectal injection as hot as could be born, without success. The medicine was continued and at 4 a. m. another injection which brought a large stool, but the patient became very exhausted and she fell into a stupor, when a stimulant was given, which lasted until 6 o'clock. Pulse and temperature kept gradually going down. There was at no time any tendency to vomiting. At 8 a. m. the lochial discharge was re-established and the baby nursed some after the breast was pumped empty. The medicine was withdrawn about 2 p. m. She made a grand recovery, was up on the third day, eight days after confinement.

I was called to see a man about 28 years old, five feet and eleven inches high, weighed 180 pounds, of whom it was said to save his life it was necessary to amputate his arm above the elbow. About two weeks previous, while cleaning his razor he inflicted a slight wound in his thumb, which gave him no trouble. A few days after his arm felt sore and began to swell. His hand had swelled to an enormous size. When I saw him his hand and forearm had swollen to a circumference of fifteen inches, was hard and shining, and had a dark-blue color, that looked more like black than blue. He was crying from pain, and everybody else in the house was crying from sympathy. He was very nervous and could hardly bring a cup to his lips. Temperature and circulation were unusually high. His arm was then packed in ice. A large physic was given, and drop doses of fluid extract veratrum viride every fifteen minutes continued about six hours without provoking vomiting; but the physic operated to excess and pulv. opii was given, veratrum viride discontinued for two hours, when it was resumed, one and a half drops every half hour, which after four hours proved excessive doses, and it was given in two-drop doses every hour. This dose being born very well, was discontinued between 12 and 4 a. m. After seventy hours continued treatment the swelling showed sign of softening. Circulation was soon complete and the patient recovered.

Some years ago an elderly woman engaged me to cure an ulcer on her leg of twenty years standing. I had never had any success in curing fever sores, and I told her so. But I told her if I did not heal her leg, my work should not cost her anything; otherwise if I succeeded she should pay me $35 for my work, medicine and all. Oh, ye gods! What bathing, plastering, cauterizing that excellent old lady was subjected to day after day and month after month. She would come and go through her torture always hopeful that some day her leg would be cured, and her hope was realized at last. Sometimes it looked as if the sore was surely healing, when all at once, without any apparant cause, a blister as large as the end of a thumb would appear and a new ulcer would form and we would start again where we had begun three or four months previously. How to establish circulation in that leg, I could not solve. I gave her all known absorbents. I used massage, steamed the leg, applied cold, electricity and what not. One day when the leg looked unusually inflamed,

probably from my heroic treatment, because the time was drawing out and my good old lady commenced to show signs of impatience, and I had a premonition of losing a $35 fee and doing all that work for nothing, when it occurred to me to give her veratrum viride in her medicine. And soon the fever sore was fever sore no more, only a simple ulcer; no blister appeared when the ulcer was nearly healed and my good old lady's leg was cured.

Since that time, seven years ago, I have healed every fever sore, varicose ulcer, etc., that has come under my observation. All ulcers under that treatment, with appropriate topical treatment, of course, heal one-eighth inch per week. An ulcer for example, one inch in diameter, heals in eight weeks. I have verified this in over a hnndred successive cases; but without the veratrum viride you can employ what topical treatment you please and you cannot heal these ulcers with any degree of certainty.

I suppose in our days every doctor would think of veratrum viride first, in eclampsia, but may be not all, would give it in convulsions in children. Because of its antispasmodic qualities no other drug is better suited to stop the spasms and prevent their recurrence and after effect as is veratrum viride. It must also be noted that a child in convulsion is not susceptible to the drug, it should therefore be given in a little larger than the estimate dose generally given a child and at shorter intervals. I therefore give two drops for the first year in fifteen teaspoonfuls of water and one teaspoonful every ten minutes while the child is immersed in warm water and friction is applied to the spine. Veratrum viride will prevent the recurrence of the convulsions. Continue the medicine until all danger of the recurrence is past, then find cause and remove. If the cause is teething, give an occasional dose, say three or four doses a day and hypophosphites until there is no danger from that source any more. If the cause is gastric irritation add bismuth subnitrate; if it is worms add santonine; but no matter what your general remedies are, always add a few drops of veratrum viride to prevent the recurrence of the convulsion until the cause is removed.

Another use I make of veratrum viride is in inflammatory rheumatism, as an ointment of one part of veratrum viride and six parts of glycerine on the swollen and painful joints. This affords the greatest imaginable relief. As I always administer digitalis as a prophylactic in inflammatory rheumatism, veratrum viride is contra-indicated for the fever, otherwise I think the use of veratrum viride internally would do well enough and prevent that dreaded complication, pericarditis.

Fluid extract veratrum viride with fluid extract belladonna will prevent sick headache.

℞ Fld. ext. veratrum viride,
Fld. ext. belladonna, aa mxxv.
Aqua pura, ℥iv.

M. et S. One teaspoonful every four hours.

The belladonna I give to allay gastric irritation, and the veratrum viride to allay arterial tension. Give the medicine to a woman who usually has sick headaches before, during or after menstruations and the attack will be prevented. Add to the above two drams of ammonium bromide and give it to a woman suffering from nervousness, dizziness, hot flashes, headaches, etc., at her menopause, and you will have cause to think that veratrum viride is a wonderful remedy. This little dissertation from the subject under discussion I am sure will be excused.

To those who are afraid to trust veratrum viride and those who claim it to be too variable and treacherous

for general use, let me remind them that they are not in possession of one narcotic remedy that can be used in a haphazard way or that will produce the same effect in large as it will in small doses, and veratrum viride is no exception to the rule. Parke, Davis' product is reliable.

In concluding this paper, let me again remind you that veratrum viride is not veratrine. The article called veratrine is only found in less than 1-100 per cent, or 1 in 10,000, in veratrum viride. Dr. Johnson says only a trace of veratrine is found in veratrum viride, and the veratrine found in veratrum sabadilla seed, the commercial article, is not entirely identical to the veratrine found in veratrum viride. It is therefore certain that veratrum viride does not depend on veratrine entirely for its therapeutic value; and its other alkaloids never were separated. I have said in this article that I disliked to give veratrum viride to fat people suffering from pneumonia and my reason is because as soon as they come under its influence the pulse becomes irregular and they begin to gap and sigh. This, however, I have found can be overcome by administering one-quarter grain opium every two hours in a little brandy. Opium, not morphine, is an antidote to the narcotic effect of veratrum viride. The cases that are nauseated or purged when the full effect of the drug is produced do the best under it; and as soon as vomiting occurs, the dose should be reduced and the interval between the doses lengthened. Allow the pulse to become natural or a little above, when your case will do the best aud need no further watching. But in the first instance reduce the circulation to below normal and keep it there until vomiting or purging or other physiological effects become visible. Never fear collapse from the effect of the drug unless your case is bordering on collapse in the first place, and then no sane doctor would give antipyretics of any kind, but stimulants.

INTERNAL HEMORRHOIDS.

By Geo. J. Monroe, M. D., Room 30, Courier-Journal Building, Louisville, Ky.

He who is called the Father of Medicine considered internal hemorrhoids a "defluxion of pituitous matter to the hemorrhoidal veins, whereby was evacuated the black bile of melancholic humor." Thus he gave them an important office or duty in controlling and equalizing vital action or function. Many of the noted teachers and practitioners subscribed and endorsed this idea. Not, in fact, until Harvey discovered the circulation of the blood could scientific medicine be made possible, neither did the pathology of disease become well, or even begin to be, understood. We find, in reviewing the literature of medicine even in the century just closed, vagaries almost as absurd. I do not think it is sixty years since Trousseau declared the bleeding from internal hemorrhoids answered a beneficial and desired purpose, and recommended that cupping be used if the bleeding ceased. There have been many physicians since that time, and even some exist today, who claim that bleeding from internal hemorrhoids is salutary and useful.

I think today there is a general agreement in regard to the pathology of the disease, but there are still many disagreements in regard to the minor points in the present history or literature of the subject. I think that we may state that hemorrhoids under all conditions and circumstances are a disease. The bleeding which takes place from hemorrhoids, exceptionally, may be of service, although this may be questioned; yet the condition of the hemorrhoids which renders this hemorrhage possible is altogether ab-

normal and I believe always demands remedial measures to be used. Hemorrhoids are a dilatation of the veins of the rectum, which, if continued without relief for any length of time, become vascular tumors. The term hemorrhoids hardly describes the disease, because that, literally, means bleeding. The reason for this name we understand, and can therefore excuse. Of course this, like many other diseases, was named by the old masters, and by courtesy to them is retained.

Hemorrhoids may be and are divided into two classes, external and internal. The external are found outside the sphincter muscles, and are covered by skin and cannot be pressed up into the rectum to remain. Internal hemorrhoids, on the other hand, are situated above the external sphincter and are covered by mucous membrane, and if they come down they can be replaced and retained there.

It is not very difficult, therefore, to diagnose external and internal hemorrhoids. Many mistakes in their diagnosis are made by physicians, and often an external hemorrhoid is pressed up into the rectum and an effort made to retain it there, when it actually belongs upon the outside, and we cause our patient to suffer a good deal of pain by our mistake in diagnosis. We do have hemorrhoids which partake of both the external and internal; that is, the tumors are partly covered with skin and partly by mucous membrane. They had better be allowed to occupy the position in which we find them.

The anatomy of the rectum is as follows: The rectum is supplied by the superior hemorrhoidal artery, the terminal branch of the inferior mesenteric. The blood is returned by the inferior mesenteric vein into the portal circulation. Now, when we remember that all the veins of the rectum are without valves, that the hemorrhoidal veins for about three inches in their ascent are beneath the mucous membrane and perforate the muscular coat at right angles and there form the inferior mesenteric, and man, for the greater length of his time, maintains the erect position, we see by this anatomical condition why there is a tendency for this region to become varicose or enlarged.

We have in hemorrhoids a predisposing as well as an exciting cause. The anatomical construction would be a predisposing cause. There are other predisposing causes, and I believe long standing is one of the most prominent. Any condition which has a tendency to prevent the portal veins from emptying the liver, dams the blood back in the hemorrhoidal veins, thus producing an engorged and congested condition of their lower extremities. There is no other part of the system that is so frequently exposed to this condition. This is generally called biliousness. We know, however, if a patient is bilious or the liver is in a torpid condition, that hemorrhoids are more apt to develop than they are when the liver is acting normally. Let a patient who is suffering with hemorrhoids allow his liver to become inactive and his hemorrhoids will be worse. Amongst other causes we may mention indolent habits, sedentary life, improper food, exposure to cold, etc. I think nearly all violations of natural hygienic laws will have a tendency to produce an inactive liver and hence hemorrhoids. A big eater is very subject to hemorrhoids, so is the lazy person.

I am inclined to think if we compare the male with the unmarried female, the frequency of hemorrhoids would be about on an equality in the sexes. But on account of pregnancy in the married, I believe that they suffer more from hemorrhoids than do the male. The female's style of dress and her sedentary habits would seem

to be predisposing causes, but I doubt if this can be proven, natural as it would appear. At any rate, in a somewhat extended experience as a rectal specialist, I have treated fewer females than males. Native and common modesty may account for this.

I believe that heredity prevails in hemorrhoids, not that a child inherits hemorrhoids directly, but they do inherit a condition of the rectum which, under proper conditions, develops a case of hemorrhoids. I am as well satisfied in this particular as I am in regard to any disease. I have seen so many families suffer from hemorrhoids where a parent has been a sufferer that I cannot think otherwise.

The majority of cases of hemorrhoids develop after adult life. We seldom ever find hemorrhoids in childhood. Hemorrhoids rarely develop in those over fifty years of age. The years between twenty and fifty are the prolific years for hemorrhoids to take place. I can hardly believe that climate has anything to do in producing the disease.

Among the exciting causes, I believe that constipation is by all means the most prominent. The passage of hard stools invariably requires strong muscular contraction, and this contraction interferes with the circulation of the blood especially with the venous circulation. The hard fecal mass produces mechanical pressure and forces the blood into the terminal extremities of the veins, and thus produces dilatation of their caliber. The passage of this hard stool also irritates the mucous membrane and causes swelling and sometimes inflammation of the anal outlet. The continued use of cathartics, I am satisfied, acts as an exciting cause. Of course, the majority of cathartics act as irritants to the mucous membrane of the bowels and some seem to expend this force upon the rectum. They produce congestion of the parts. I believe that physicians should more generally than they do, explain to their patrons the pernicious action of purgatives. Other diseases of the rectum, such as fistula, fissure, etc., may be exciting causes in producing hemorrhoids. Some foods seem to act almost directly in producing hemorrhoids, or if not directly, they impair the action of the liver, and secondarily produce the disease. Pregnancy is a common factor in producing hemorrhoids. Many cases produced in this way may pass away when the pressure is removed, but a greater number do not, but become chronic. Tumors of the abdomen, such as fibroids, are a common cause of hemorrhoids in women. I am satisfied, although I have never heard of it being classed as a cause, that masturbation and excessive intercourse or sexual excitement is a somewhat frequent cause of hemorrhoids.

The first symptom of hemorrhoids is usually a sense of fullness, a slight unpleasantness about the anus with sometimes itching and heat. A patient feels as though the rectum were not entirely emptied at stooling. After a time there is a protrusion and bleeding. The protrusion at first is but little, but after a short time it becomes larger. At first it will pass up into the rectum after defecation, but it is not long before it will not return unaided. The bleeding may be little or it may commence by a profuse hemorrhage. The bleeding generally ceases as soon as the tumors are replaced in the rectum. When the tumors become large and protrude they are grasped by the sphincter muscle and thus become painful. If not immediately replaced they may become strangulated, rendering the patient unable to press them up. In this event the pain is severe and the inflammation resulting is usually considerable. I have seen several cases of severe hysteria produced from strangulated piles. In my early practice I saw a young man seized with epilepsy while his piles were down. I did not at that time associate the epilepsy with the strangulated hemorrhoids, but I believe today the epileptic condi-

tion was produced by the hemorrhoids being down and strangulated.

It is not very difficult to diagnose internal hemorrhoids If we have protrusion and bleeding, we can almost assuredly say we have internal hemorrhoids. We can have internal hemorrhoids without having either protrusion or bleeding. To be assured whether we have internal hemorrhoids or not we had better in all instances where they are suspected, make a physical examination. Yet even today many physicians prescribe for rectal diseases who never make an examination. We find that patients call all diseases of the rectum, piles and if we are governed by their ideas we will always prescribe for piles. This is one reason why such odium has always been attached to the treatment of rectal diseases.

Let me advise that before prescribing for any rectal disease that we assure ourselves by sight and touch just what we are prescribing for. When we do this we will find less pile salves on the market. If a patient finds that a physician gives him a salve or an ointment, he will form an opinion that some ointment which he sees advertised in some paper is perhaps equally as good as that prescribed by the physician and usually much cheaper and will buy it. Now this as a rule does the patient harm and the physician loses a fee. Examine all your patients suffering with rectal diseases and prescribe for what you find. Guess at nothing in the practice of medicine or surgery if it can be avoided. Many physicians expect to find hemorrhoids high up in the bowel and overlook the lower extremity of the rectum. It is a fact hemorrhoids usually are in the lower two inches of the rectum. I do not believe they are ever found above two inches and a half. More often the lower inch and a half will be where the hemorrhoids are. It requires a well educated finger to detect them by touch. Of course if they are old and indurated the finger will detect them, but if not in this condition they feel exactly or almost like the mucous membrane of the rectum. I think now I can detect hemorrhoids with the finger unless they are quite small. With a good light we can as a rule easily discover them. When we examine our patient we have him lie upon the left side with his arm thrown back of him. This brings him partly upon his breast. We have him draw the knees up toward the abdomen. We then anoint our fingers with borated lard or castor oil and gently open the anus, telling our patient to strain down. The tumors will soon become congested and will come outside or partly so. This will be sufficient to decide their nature, size, etc. We now introduce the index finger of either hand and examine if any other pathological condition is present.

When this examination is made we are ready to decide in regard to treatment. Palliative treatment may be used simply as preparatory to surgical treatment. Palliative treatment seldom ever cures a case of piles. If the tumors are down, unless the patient will submit to immediate treatment, which perhaps is advisable, we aim to replace the tumors. This we do by introducing the index finger into the rectum and after the tumors are well lubricated use the other hand in pressing the parts around the finger. We can generally do this, but sometimes we find it difficult to keep the tumors up, for frequently on withdrawing the finger the tumors will follow it. I withdraw the finger very slowly and carefully, keeping up the tumors with the other hand. I have a compress already prepared which I apply to the anus, keeping it there with a T bandage. The compress had better be boracic acid gauze. The prepared absorbent cotton does very well. Until the patient is ready for surgical treatment the bowels should be kept well open. I find the cascara sagrada very useful for this purpose. Two grains of Parke, Davis & Co.'s solid extract may be given at bed time or night and morning. I believe

the cascara is the very best laxative we have in hemorrhoids.

When we come to operative procedures there have been many made use of. I think those worthy of use may be simmered down to three, the ligature, the clamp and cautery, and the hypodermic. I sometimes use one and sometimes another. The advantage of the ligature is, that it can be used safely and successfully in any case of hemorrhoids. The clamp and cautery are difficult to use in cases where the tumors are small. The hypodermic treatment should only be used in selected cases. Hard indurated hemorrhoids can not be removed successfully with the hypodermic treatment.

I did not intend however in this paper to enter minutely into the treatment of hemorrhoids. I will do that at another time. The point I have particularly tried to emphasize in this article is the necessity of making a searching and thorough examination of the case before instituting any method of treatment, In the language of another, "be sure you are right, and then go ahead."

HINTS.

By Dr. C. E. Boynton, Los Banos, Cal.

1. Never fail to take temperature and pulse, enquire as to bowels and listen to heart, even if the diagnosis and indications are evident.

2. Never make light of a patient for the concern that prompted him to call you.

3. When the patient is improving and you say to yourself, "I wonder if I best call tomorrow," let that query prompt you to call.

4. Having removed a slough from an abscess, a boil or carbuncle, fill it with icthyol.

5. Trust redressings to patients as little as possible; keep your knowledge, your art and your drugs in your own hands.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS.

By M. A. Blanton, B. S., M. D., Baileyton, Tennessee.

(Ninth Paper.)

GLONOIN.

This organic compound is also known as nitro-glycerine, trinitrin, trinitrate of glyceryl and is produced by adding glycerine in small portions to equal parts of strong nitric and sulphuric acids at a temperature kept below freezing. This product was discovered in the year 1847 by Prof. Sabrers of Turin but did not attract general attention until 1867 when Alford Noble, a Swedish engineer, suggested its use for explosive purposes. It remained, however, for modern alkalometry to bring this powerful explosive to the front as an emergency remedy.

Its physiological action is much the same as amyl nitrite. It is less prompt and less violent, has a more enduring action, and is therefore more suitable for internal administration than the latter drug. Nitro-glycerine produces great vascular dilatation and consequent lowering of blood-pressure by its action on the vasomotor centers dilating the arterioles as manifest by extreme redness of the face, hence its indication in pneumonia. By flushing the peripheral circulation we draw the blood from the laboring heart and crowded lungs and thus give relief to our patients.

Dr. Shaller says: "In all cases of syncope and so-called heart failure which occur frequently in pneumonia, typhoid fever, etc., glonoin hypodermatically given, is undoubtedly the most efficient remedy. It often re-

stores life when all indications point to dissolution."

The same author says: "Dissolve grain $\frac{1}{250}$ on the tongue every fifteen minutes until effect, then every half to one or two hours, as needed to maintain the same."

Again as to dosage, Dr. Shoemaker says in his Materia Medica, fourth edition, that one-half to two or three drops of the spirits of glonoin may be given. He also quotes the tablet of the B. P. as containing grain $\frac{1}{100}$.

Dr. Stewart is quoted as saying that a tolerance of the drug is quite easily established. A case is referred to where a woman, commencing with grain $\frac{1}{100}$, within a year was taking six grains at a dose.

Potter gives the dose as grain $\frac{1}{200}$ to $\frac{1}{50}$ or more, according to the susceptibility of the patient. Of the spirits of glonoin he gives one-half drop, and says that it is an extremely dangerous preparation.

Bartholow says: "Of a one per cent. solution the dose may be one or many minims." Harley experienced the physiological effect of the drug only after having taken drops fifteen, while it took minims thirty to thus effect Dr. Fuller.

This drug is very effective in gastralgia of either adults or children. Hiccough is sometimes arrested when other drugs fail. In facial neuralgia it is par excellence. In eclampsia, when there is high tension of the pulse this drug is very effective. It would be a kindly agent to abort an oncoming chill in malaria, and if it is dosimetrically administered, will turn this stage into the more pleasant third stage. Again, glonoin is indicated in labor where we have inertia with feeble and infrequent pains. The contractions produced are precisely like those set up by nature and not like the tetanic contractions produced by ergot. If you desire to arouse contractions for the expulsion of the after-birth, this is your drug, for you will have them inside of a minute. In dysmenorrhoea it has achieved wonders. Glonoin is excellent in high temperature with pale face. Your cold bath will be greatly augmented by having the blood first brought to the surface by glonoin. When you have a patient with pain in the precordial region with a sense of constriction and suffocation, glonoin will bring him around nicely. In dangerous collapse and syncope this is above all your medicines for the salvation of your patient.

CALCIUM SULPHIDE.

By Edward C. Rothrock, M. D., Tennessee Colony, Tex.

We have used this article, calx sulphurata, in a variety of diseases for years. It is a gray-white powder of foul odor, nauseous to taste and smell and is partly decomposed by the acid of the stomach and in a measure converted into sulphates which are irritant to the stomach in large doses. It has a laxative effect, if continued. It has affinity for oxygen and is a disinfectant and deodorizer; hence it is destructive to all low forms of life. It is a powerful alterative. It increases the secretions of intestinal glands, and is eliminated by kidneys, skin and mucous membranes of the respiratory tract. If administered for a long period it will impair the blood, cause emaciation, great debility and trembling. It produces eructations of gas, sulphureted hydrogen.

Calcium sulphide in one-half grain-dose every three hours is efficient in boils. In scrofulous troubles one grain every three or four hours is of great use and is curative. In glandular enlargements it has a good effect and is a positive and sure remedy.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

DECISION OF STATE BOARD REVERSED.

The board of medical examiners of Minnesota revoked a license on account of dishonorable and dishonest conduct. The practitioner was the sole medical attendant of a medical institute which advertised largely in the most offensive manner and expressly guaranteed cures. An appeal to the governor was taken. His and his attorney general's opinions clearly admit the unprofessional conduct and the dishonesty of the advertisements, but nevertheless the state board is reversed on a mere legal technicality. The complaint stated that the doctor had caused certain signs to be painted and affixed to the house, whereas it was shown that such signs were in place, when he assumed charge of the institute. And this saved him. Comment is unnecessary.

PUBLIC HEALTH VS. MOSQUITO.

The case might really seem closed. Sufficient evidence has been brought to justify the verdict against the mosquito, guilty of being the carrier of the infection of malaria, yellow fever, leprosy, etc. But now comes some testimony in his favor. A newspaper reports from Port Jervis, N. Y., that a certain citizen, name given, having been bit by a rattlesnake, pending the arrival of a doctor the leg was bared to admit the application of a tight bandage. A swarm of large and ravenous mosquitoes, we know the breed, settled upon the leg and fell to work. Soon the ground was covered with dead and dying mosquitoes and when the doctor arrived, the patient was as lively as a cricket and felt no effects from the snake bite. Of course, we do not take the story seriously, only as a humorous attempt to save the reputation of the notorious Jersey mosquito, which the funny papers can hardly afford to lose. Different value must be given to a communication from a French physician, Dr. Henri Labonne, who relates his observations in Iceland, where he spent several years. He says, the mosquitoes in that arctic island have no mouthpiece capable of perforating the human epidermis. Yet leprosy is very common there. In Iceland, therefore, leprosy must have another cause and mode of propagation.

A FRENCH MEDICAL VIEW OF THE PRESIDENT'S CASE.

The Gazette Medicale de Paris, while giving unstinted praise to the surgeons for their work, says that from the first there was contradiction between the optimistic conclusions of the bulletins and the symptoms which they reported. It adds as an explanation that no doubt influences, other than medical, dictated the optimistic bulletins. Is the guess correct?

OPERATIVE TREATMENT OF PLACENTA PREVIA.

The proposed treatment of placenta previa by Cesarian or Porro operation attracts much attention in medical societies and journals. Theoretical considerations alone establish indeed a very strong case in favor of the method, but conditions arising in actual practice will materially modify the conclusions and dicta of the theorists. The advocates point out that the present management of placenta previa is

really the same, as that taught and practised thirty years ago, that asepsis and antisepsis which have influenced obstetrical manipulations in general have not been able to reduce the mortality from placenta previa, it still being 25 per cent. of mothers and 65.21 per cent. of children in the hands of the best and ablest men here and abroad. The mortality from Cesarian section and Porro operation is much more favorable, one table giving that of mothers at 4.14 per cent. that of children at 13 per cent., another placing maternal mortality at 15 per cent. Freund, a noted German gynecologist, goes so far as to say that the danger of Cesarian section is not greater than that of complicated labor or an ovariotomy. Eight operations for placenta previa, one by Lawson Tait, the others by American operators, show remarkable results, namely five mothers saved and six living children. It must be admitted that the customary management cannot equal such result. Opposition is not lacking. Reed in his recently published textbook of gynecology says, the operators who advocate this step are surgeons who have little or no experience in obstetrical practice. An editorial in "Obstetrics" for last May reiterates the known methods, calls the figures of a maternal mortality of 25 per cent. absurd, claiming that 5-10 per cent. will meet the facts, says that much of the original placenta previa danger will remain to be overcome after section and concludes that with special skill and proper surroundings Cesarian section is justifiable, but that with a medical attendant equally trained to employ either method of treatment, much better results will follow delivery through the vagina. The editor of "American Medicine" expresses fear that if Cesarian section be adopted as the exclusive procedure in placenta previa, increased maternal mortality may follow. He thinks the general practitioner is generally better equipped for the treatment of the complication by version and other conservative methods than by Cesarian section. The operation will probably never be generally adopted by the rank and file of the medical profession for the relief of placenta previa centralis.

TETANUS FROM DIPHTHERIA ANTITOXIN.

Widespread notoriety has been given by the daily press to the unfortunate occurrence in St. Louis of eleven deaths from tetanus caused by injection of antitoxin for the treatment of diphtheria. The antitoxin was furnished by the city, prepared in its own bacteriological station, all taken from the same animal. The physician, knowing the great liability of the horse to the disease and the frequency of the bacillus in stables, will not be greatly surprised at such an occurrence. The St. Louis Medical Review recalls a similar accident in Italy about a year ago, when a score of persons died. To the city bacteriologist the matter is mysterious, He claims the serum taken after a first injection in August was fully sterilized and tested on guinea pigs and then used on no less than 1,000 cases. After a second injection the horse showed symptoms of tetanus on October 1, and was killed. Whatever may be be developed by the scientific investigation which has been ordered, the public has been thoroughly alarmed and physicians may meet very decided objection to the use of antitoxin.

DIETETICS.

The editor of Health gives volumes on dietetics in these few words: The substance of all logic in the matter is, simply, that for everyday life an adequate supply of plain food, well cooked, taken at regular intervals, and under the right conditions, furnishes the only sure foundations for a healthful activity of body and mind.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE FIRST OSTEOPATH.

In 1874 there resided in this village for a few months a bricklayer, whose name was Michael Edward Deegan, and whose time when not at work at his trade, was devoted to playing the quack, and so successful was this illiterate, yet witty and crafty fellow in his work of massage and in his application of his "Life Saving Oil," which was colored coal oil, that I, in a happy moment and when hearing him recount some of his treatments, especially his success in fleecing some of the dear people, promised him that when he should decide to leave town I would give him a diploma. Such a day arrived and I handed Michaelsis Edwardus Deegan a real parchment diploma, duly worded in Latin—so well done in India ink as to imitate the usual diploma. It was headed "Reg. Coll. Med. et Chirg. Hiberniae," and the usual "omnibus ad quos presentes literae pervenerint," and among the ten or twelve lines of Latin (really meaningless) there occurred such words as "Doctus," "Doctissimus," "Chirurgia," "Osteopathia." The seal bore the impression of a florin and the signatures of "Preses," "Cancellarius," "Professores," "Registrarius," although typical, were beyond deciphering, and such was designedly done. Having given my first graduate the usual valedictory address and warning him not to give any internal medicines, and receiving affirmative answers, Michaelsis Edwardus Deegan left "our Collegium" and "College of Fine Forces," as "Doctorissimus et Doctoratus ossapathiae et osteopathiae Scientiae per leges consuetudines Collegii requsitis, etc., etc."

Ecce homo! The primus ossapathicus aut osteopathicus stepped forth as an advocate of a new school. He went to * * * * * state and from there I heard that he was having success, that is in pleasing the credulous. "Mick" had learned a few expressions, such as "auto-infection," "reflex nervous excitation," "uric acid diathesis," etc., so as to be on guard. Being able neither to read nor write, he was shrewd enough not to be trapped and he attributed his poverty to the loss of valuable estates in Ireland at the time he was made a doctor in Dublin. After three years he returned to our Academic Halls. But alas! How changed from that Michaelsis Edwardus Deegan, who so recently in all the flush of youth, freckled face, carrot-colored hair, an athlete and who by song or story so delighted our verdant village people! Yes, alas! how changed this apostle of a kite flying scheme. Its founder our first and only graduate, now warped in every joint. The cat had come back. Rather, the diseases, his specialties; rheumatism and neuralgia, he had apparently absorbed,

W. E. Deegan, D. O., however, had brought home with him testimonials from a dozen or more preachers, D. D's, several senators, etc., as laurels, so he said. But he did not start a college. If he had known how to read coarse print, no doubt he would have done so. Strange to narrate, Diplomate or Dr. Deegan told me that he fooled several doctors who warmly congratulated him on having a Dublin degree, etc., and who befriended him. Thus we claim the illiterate Michaelsis Edwardus Deegan, D. O., the first osteopathicus or ossopathicus, and if any os-

teopathic college wants or will want his picture as a headlight for diplomas and as a founder we will, if stamp be inclosed, cheerfully send it.

J. S. SPRAGUE, M. D.

Stirling, Ont.

TREATMENT OF GONORRHEA.

Dr. Monroe's able article in October Recorder on Gonorrhea suggests a few thoughts.

1. Is not an ounce of any injection for gonorrhea too much, for the following reasons? That dilatation of the urethra may crack the mucous membrane and the pressure of the fluid would possibly float bacteria into parts that would not otherwise be invaded. The writer has found the ¼ oz. syringe—a double injection being occasionally held—large enough.

2. The writer has used protargol with much satisfaction. It is not at all uncommon for me to put up a pint of protargol solution of less than one per cent. and direct 3 to 6 syringe fulls daily and find renewal unnecessary; meantime my other treatment is about the same as that outlined by Dr. Monroe, only I give ½ grain tablets of calcium sulphide every hour.

3. Now as to this sulphide or protargol—something eliminates chordee from my cases of late yet with the permanganate and no injection treatment minus also the sulphide, I found chordee plenty.

4. I also weave in more or less cannabis indica and the way I urge them to drink water makes the urine very plentiful and harmless; besides when you get the patients mind upon water drinking he is less apt to drink beer which I warn against, coffee and tea ditto, on general principles. The fact is I deem it more important to avoid chordee than to cure quickly.

The calcium sulphide prevents any of the dangers of gonorrheal rheumatism and from its well known property as an anaphrodisiac it prevents sexual excitements with their consequent relapses.

6. As far as my experience extends strong injections are unnecessary in gonorrhea. In fact injections may be dispensed with and the disease may be cured by internal treatment, but not as quickly or as satisfactorlly as when an injection of one per cent. or less of protargol is used with as good internal treatment.

7. Injections are so popular in gonorrhea that a physician in dispensing with them could not always retain the faith of his patient. Therefore as mild injections are cleanly even if not curative they would seem to be a factor in any rational treatment. The patient from the very nature of the case, so regarding them I should fear, would consider a physician not very particular on the score of cleanliness were he to do away with the injection mode of treatment.

DR. C. E. BOYNTON,

Los Banos, Calif.

ART OF OBSTETRICS.

Dr. Ben H. Brodnax closes his report on "Two Cases" (Recorder for October, page 318) in a rather offhand manner with a simple reference to black haw tea taken by one patient ante partum, but not by the other one. Allow me to point out to the doctor that a post hoc phenomenon is not co ipso propter hoc, and it would require more and better proof to convince me that the black haw tea had done "it". I am far from denying the valuable properties of black haw and kindred drugs. Very much the contrary, I prescribe them freely ante partum, post partum, and inter partus. (Please don't kick at my Latin, it's perfectly correct.) But there are other causes regulating the force and efficiency of

labor pains. It seems to me taking in account the facts given by the doctor, that in the case of the negro woman neither chloroform nor mistletoe, nor tartar emetic, nor fourteen hours of suffering were necessary or indicated, if the doctor had only accepted nature's hint, as the midwife eventually did, viz: put the patient on her knees, she would probably have been delivered more promptly and more easily. I have a great feeling of sympathy for a lying-in woman when I read that it took the doctor and, as was here the case, the midwife, all they could do to pull the baby out. Shades of Galen! But where was the ART of midwifery? I know, to assist in childbirth entails, sometimes, hard work on the accoucheur, but to have to exert all one's brute force, when a proper application of the mechanical and anatomical principles would probably have been sufficient! The doctor does not tell us whether he sewed the torn perineum, and whether the latter was torn clear into the rectum? It must have been, to judge from the force used.

I have delivered women in every conceivable position, lying on back, on side, kneeling down, sitting up and even standing up. In each and every case I found that labor was materially shortened by finding out in which position the pains were most efficient, mind you, most efficient, not of necessity, most painful or most frequent. Then I kept the patient in that position. As for delivering the body, every senior knows that he has to be guided by the direction of the "rotation backwards" of the head, then assist the body to make its turn, so that the one shoulder may be brought over the perineum and delivered, when the other shoulder will take care of itself. And if the shoulders are too broad, it is not so very difficult to get out the arm over the perineum, without tearing the latter, when again the rest will be easy.

Brethren, don't let us forget that midwifery is an art, and that labor proceeds on definite mechanical principles, (mutatis mutandis of course.) Let us study art and principles carefully and remember that he is the most successful and best liked accoucheur who saves his patients from all unnecessary pain.

HERMAN J. ACHARD, M. D.
Roselle, Ill.

A LOOK BACKWARD.

SMALL POX.

Dr. R. L. Ford contributed an interesting article on small pox to June issue, page 169, of the Recorder.

We had a good many cases of small pox to treat years ago. In the last five years have had several cases of true small pox, mostly mild cases, temperature 103° to 104°. For treatment I order aconite, two to five drops every two hours until temperature come down to 100° to 101°, then every four hours. A laxative is used at first if indicated. If liver is torpid then bryonia, five drops every three hours, alternated with tr. nux vomica, two drops, sometimes; this is used until improvement. Cascara sagrada, syr. rhei are good laxatives. An old time good laxative like this acts well. It is very good for children, and a useful tympanitic mixture.

℞ Manna, ℥ j
Anise seed pul., ʒ j
Aqua, boiling, ℥ viij

Mix and strain, after standing half an hour then add four drachms carb. magnesia; dose a wine glassful, to be repeated until it operates. If to keep any length of time add alcohol diluted in place of the water. This is a prescription of Dr. Brown of Port Tobacco, Va., who was called in consultation with Dr. Dick and Dr. Crait at the last illness of Washington. Ecthol,

composed of thuja and echinacea augustifolia, a teaspoonful every four hours is a fine remedy. It is antiseptic, antifermentive. Thuja occidentalis in five drop doses three times a day is good treatment and locally applied is of great advantage. Ecthol locally applied is also good and specially controls the eruption, preventing pitting. Baptisia tinctoria, five drops every four hours, or alternated with thuja, is of great use. Baptisia is a fine antiseptic and stimulates hepatic function, a cholagogue, laxative and alterative vulnerary. It stimulates the intestinal glands, increasing peristalsis of the small intestines, preventing reabsorption of bile and other deleterious products through the entero-hepatic circulation, by sweeping the morbific elements onward. A local application to prevent pitting is 1 to 5000 bichloride mercury. Sponge the patient all over the body once or twice a day, once a day is generally sufficient. We think permanganate potassium sixteen grains added to a pint is an advantage. The disadvantage of the potash is the staining of clothing and skin. Bowels and kidneys should be regulated, if stools are thin, the diarrhea should be checked. The poison should be eliminated through the bowels, kidneys and skin. For mania or to relieve the intense pain in the back and head, belladonna tincture five drops every four hours will relieve. Acetate potassium is a good remedy if kidneys do not act properly; so is stigmata maydis (cornsilk), scoparius is fine, as is stavesacre in proper doses. Salicylate of sodium five grs., acetanilid five grs., every four hours is of great use to relieve the pain in head and back and reduce temperature. Of course, the diet should be looked after. We have seen a good many cases of so-called spanish itch. Some cases are termed by quack doctors, scarlet fever, roseola, etc. No doubt some are chicken pox, but they are caused by malaria.

TWO USEFUL REMEDIES.

The article on page 172, June number, is to the point:

Calomel in small doses acts well sometimes. We use it seldom, as other remedies are used in preference. Bryonia alba is a better remedy in most cases. Nux vomica energizes the liver and is a thorough tonic. We treat the cause that produces fever. If the temperature is high, reduce. If liver is torpid give bryonia ten drops every three hours until liver acts. As cathartic we give the one that appears to suit the case. If saline mixture, sulphate magnesia or phosphate sodium is used. Aloin is used sometimes. We use no mercury in typhoid troubles. Senna is a good laxative. Iridin and euonymin are fine and act on the liver. Cascara sagrada is a fine tonic cathartic. All are good cholagogues. If called to see a child from two to ten years old with temperature 106°, would not give it calomel, but would go to work to reduce temperature. If bowels needed clearing out would use enemas, and give as a practice a dose of syrup rhei or sulphate magnesia. A good sized dose of castor oil with something to prevent griping is a good medicine for children. Enemas are very good in such cases. The bowels act and circulation is equalized. The temperature drops down nicely. Hot mustard bath to feet and cold applied to head are used frequently in such cases with great benefit.

Stychnine is very valuable in a great variety of diseases. It is specially indicated in colic due to atonicity, with fullness of abdomen, sharp pains at umbilicus, and general torpor. In diarrheas due to atonicity it is the remedy. In some chronic stomach diseases characterized by deficient digestive power, stychnine often cures by arousing functional activity. It is indicated in atonic congestion of spleen or liver.

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J. P. THORNE, M. D., Editor.

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MEDICINE AND POLITICS.

The recent fatalities from antitoxin serum in St. Louis, whether the fault of the local health officers or not, call attention to the fact that cities should not engage in the manufacture of medicines or remedies of any sort. The way in which offices are secured and conducted in most American cities is notorious. Nearly every city has its Tammany and Croker who makes appointments best suited to the politicians. An efficient health officer often is obliged to keep incompetent men in his department because of the political influence. For this reason there can never be absolute certainty that products from a city laboratory will be what they should be. There are plenty of private firms making such products at reasonable prices, whose business success depends upon the purity of their products. It would be business suicide for any of the well known houses to put impure vaccine virus or antitoxins on the market. We hope that the result of the investigation of the St. Louis affair will be the end of the municipal manufacture of remedial agents. In commenting upon this affair recently Dr. A. M. Phelps of New York City, said: "Apart from its personal aspects, the matter is one of extreme public importance because of the harm that is likely to be done to the cause of medical progress.

"It was by similar accidents that vaccination fell into disrepute in England and that the anti-vaccinators there obtained such political power as to put an end, only temporarily it is to be hoped, to compulsory vaccination, the results of which are now being seen in the reappearance of smallpox in epidemic form.

This shows the criminal folly of intrusting politicians with so responsible a duty as that of manufacturing antitoxins and vaccine virus, instead of relying on reputable pharmaceutical houses for the supply of these essentials of modern life.

The inquiry now in progress in St. Louis may or may not result in the detection of the individuals who are to be held aecountable for the gross carelessness that undoubtedly was its cause. But what then? The most that can be expected is that a cry be raised for turning certain rascals or incompetents out and filling their places with others in no way better fitted for the positions."

RENEWALS.

As many subscriptions to the Recorder expire at this time, we wish to call attention to the fact that it pays to keep your subscription paid in advance. All those who renew and pay for a year in advance will receive one thousand premium labels the same as new subscribers. We trust that all our old subscribers will send in their subscriptions at an early date and improve this premium offer. Remittances should be made by money order, draft or registered letter, as it is not safe to send currency in a letter.

THERAPEUTICS.

HEROIN.

The value of heroin as a cough sedative has been too well established to admit of doubt, but the discussion of its therapeutic possibilities has been by no means exhausted. The question of dosage and indications is still largely one of individual opinion, though the rapidly accumulating evidence is fast tending to settle this matter definitely. It is generally considered to be certain and uniform in action, without unpleasant consequences, and exerts a stimulant rather than a sedative influence upon the respiratory centre.

Its more recent derivative, the soluble hydrochloride, has largely superseded heroin in general practice. I have used it with excellent effects in a series of 33 cases in dispensary and private practice, with a view of testing its merits. These cases in all of which cough was a prominent symptom, were divided as follows: Tuberculosis pulmonalis, 14; acute bronchitis, 5; chronic bronchitis with emphysema, 4; whooping-cough 5; asthma, 2; reflex cough, 2; aneurism (complicating dyspnea,) 1. Improvement followed in every instance but the result was the most striking in the tuberculosis cases. Dr. G. W. Mitchell, Baltimore, in Virginia Medical Semi-Monthly.

LUPUS.

Patient, aged eighteen, had had lupus on the right side of neck for ten months, with an ulceration extending deeply into the subcutaneous tissue, and about the size of a silver dollar. Ointments of various kinds had been used, but ulcer steadily increased in size. I curretted the parts lightly, irrigated with peroxide of hydrogen, and dressed with gauze soaked with ecthol. These dressings were repeated daily for three weeks, when the ulcer showed signs of healthy granulation, and many of the nodules had disappeared. With this treatment improvement was continuous, and at the end of five weeks from the time the treatment was begun recovery was complete. One year has now passed and there has been no relapse.

From the experience I have had with ecthol in the treatment of lupus vulgaris I would conclude that it is especially advantageous in such conditions since it is absolutely painless, with the exception of the small amount of pain dependent upon curetting, and the amount of tissue lost is exceedingly small, so that the cosmetic results are good. It is also more reliable than other procedures, as the frequency of relapses prove. Whenever the knife or caustics are used in this trouble the destruction of tissue is, of necessity, great, and an unsightly scar is left to tell the tale; and as either procedure is purely a mechanical one, there is a much greater chance for some of the diseased tissue to be left, and hence a much greater chance for recurrence. Ecthol seems to act, not by destroying the tissue, but by increasing its powers of resistance, so that the disease is overcome and eradicated from the system. J. W. P. Smithwick, M. D. La Grange, S. C.

DYSPEPSIA.

In atonic dyspepsia, Prof. Burney Yeo states that the first requisite in treatment is to promote the secretion of gastric juice in sufficient quantities and of proper quality. The ingredients of Gray's glycerine tonic comp. have an acknowledged specific influence upon the gastric mucous membrane so that not only is sufficient gastric juice secreted but the motor power of the stomach is decidedly increased. There ensues, consequently, an increase in

appetite, relief of symptoms of enfeeelement of the functions of the stomach and a restoration of digestive vigor and force.

Fermentative dyspepsia characterized by sensations of fullness and distress after eating, belching, waterbrash, difficult and prolonged digestion, flatulence, etc., calls for a remedy that checks fermentation in the stomach and allays the underlying causative catarrhal condition of the gastric mucous membrane Gray's glycerine tonic comp. inhibits the growth of the bacteria of fermentation and allays the gastric catarrh, For these reasons it is an effective remedy in those obstinate forms of dyspepsia usually designated chronic indigestion, fermentative dyspepsia, chronic gastric catarrh, etc.

SIMILAR TO THE EFFECTS OF SUNLIGHT.

The physiological-chemistry of antikamnia, in disease, exhibits analgetic, antiperiodic,, antipyretic and antiseptic functions. Its antiperiodic tendency is similar to the effect of sunlight, though differently expressed, However with antikamnia this latter function is materially aided when combined with other well-known drugs, such as quinine and the milder laxatives. The ideal combination I have in mind may be obtained in "laxative antikamnia and quinine tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, I might mention la grippe, influenza, coryza, coughs and colds, chills and fever, and dengue with its general discomfort and great debility. These tablets administered in doses of one or two and repeated every one or two hours are a perfect antiperiodic in malaria, and a perfect reconstituent tonic—an expression of solar life, light and energy in malarial anaemia.—L. P. Hammond, A. B., M. D., Rome, Ga. in The Medicus.

EPILEPSY.

That it is possible to help many patients suffering with this terrible disease, Dr. Towns, of Fond du Lac, Wis., has demonstrated to many physicians. His method of treatment is rational and has cured hundreds of cases. The doctor will prove his claims to any physician who will write to him. He is glad to give advice and to assist physicians in curing cases at their homes. Every physician knowing of cases of epilepsy should write to the doctor and make an effort to cure them.

TABES.

The following are some recent reports on cases treated with the Roberts-Hawley lymph compound:

Dr. J. W. Pearson, of Providence, R. I., reports a steady improvement in a case of tabes.

Dr. R. B. Leach, of St. Paul, Minn., reports that his very advanced case of locomotor ataxia is now able to walk with a cane and even in a dark room; anesthesia is lessening and sense of touch returning in hands,

Dr. G. W. Lowry, of Hastings, Mich., reports that one of his patients with advanced ataxia, who had been greatly benefited by the lymph, was given intra-spinal injections, since which time the tabetic pains have ceased and sexual power, which had been absent several years, has now returned to normal.

Read the Recorder through every month and be up-to-date.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

In Canada.—The courts of Canada have a way of promptly enforcing the laws as any offender is sure to find out. We have received clippings from recent issues of the Daily Globe of Toronto giving reports of an interesting case. The son of a Toronto citizen was taken ill with diphtheria and a christian scientist was the only one called in to treat the child. The patient died and the father was promptly arrested and convicted of manslaughter.

Glycosuria,—The following from the Philadelphia Medical Journal is worth remembering: The occurrence of glycosuria has been noted following the excessive smoking of cigars, and is probably due to the carbon monoxide resulting from imperfect combustion. This may explain the glycosuria found among the beer drinking students of Jena. Only those who smoke cigars, not those smoking pipes or cigarettes, show glycosuria. Now that the smoking of cigars has become almost universal, this cause of temporary glycosuria should not be overlooked.

Mosquito Damage Suit.—A new phase of the mosquito discussion is given in the daily press. As medical men have demonstrated that the mosquito is a disease carrier the legal man now comes along with his suit for damages done by them osquito. Hereafter it will behoove the real estate owner to see that he is not breeding mosquitoes to injure his neighbors' health. Believing the mosquito to be a disseminator of disease germs, Albert Turner of Westchester county, N. Y., has sued his neighbor, Alfred T. Valentine, for $2,000 damages for maintaining a pond wherein and whereupon millions of mosquitoes are hatched out every few days. Plaintiff alleges that before defendant built a dam and caused the formation of a pond, mosquitoes were unknown in Westchester county, a statement that he surely will not undertake to prove when the case comes to trial.

Cheese.—The editor of Modern Medicine thus gives his views on cheese: Where or when the use of putrid milk in the form of cheese originated, history says not, but certain it is that in most civilized lands the practice of eating decayed milk is almost universally prevalent. As long as germs are looked upon as capable of assisting the digestive process because they soften and dissolve certain elements of the food, lovers of Limburger and Roquefort cheese are able to offer a plausible argument in behalf of its use; but since it has been conclusively shown by the revelations of the physiological laboratory that the action of germs upon the casein and other undigested products is not to produce a normal peptone, but toxic substances, ptomains, and various other toxins which, when absorbed into the blood, are capable of producing highly toxic effects and numerous disorders of tissue and function, then arguments are becoming lame.

Massage.—One of the means of curing disease without medicine is the scientific application of massage. If

physicians would give more attention to massage as an aid to the medical treatment fewer cases would go to the magnetic healers, osteopaths, etc. In the treatment of many stomach diseases the intelligent use of massage is very beneficial. According to Gustaf Nortrom, on account of the deep situation of the stomach and the slight resistance of the deep plane on which it rests, only a limited portion of the viscus can be reached in dorsal decubitus. For dilated stomach the author kneads at first from left to right with patient on back, the knees bent and head raised. After a few minutes he has patient lie on right side, and pes trissage is preformed with both hand-alternately, from pylorus toward cardia. Gentleness is necessary during the seance. The sittings should last about fifteen minutes for stomach alone, and as much more time for the intestine, if there is constipation. They should begin two or three hours after a meal. The benefit most often shows first by a returning appetite, then by the disappearance of the rumblings, eructations, gastric pains, headache, vertigo, etc. At the beginning of treatment the diet must be light and limited in quantity. Besides dilation of the stomach, massage is of benefit in chronic gastritis, dyspepsia, essential gastralgia, gastralgia due to neurasthenia or anemia, pyloric cramp, etc., but it may do harm in ulcers or tumors of the pylorus.

Splints.—A great improvement in the treatment of fractures has been made by the introduction of ambulatory pneumatic splints. We advise all our readers to investigate the merits of these splints. A late issue of the Chicago Clinic says: "No class of cases have so frequently resulted in mal-practice suits against physicians and surgeons as that of fractures. It has been a problem to all practitioners to establish a satisfactory treatment for fractures, particularly those of the lower extemity, for the results with old-time splints, plaster casts and traction have been anything but satisfactory. There has been recently devised and placed on the market what is known as an ambulatory pneumatic splint. The principles of this device are simple and ideal from a mechanical stand-point. Pneumatic tubes reenforced with a steel band, circle the thigh and fit against the bony prominences of the hip and perineum, while the ankle is encased in a substantial pneumatic sock. Pneumatic tubes also encircle the leg above and below the knee. By means of four adjustable steel tubes attached to these circular bands any degree of extension and counter-extension may be attained. There is no compression, the bands are not tight and are so made as to leave ample room for circulation. The feature, however, which makes the pneumatic splint worthy of mention is the fact that it permits an ambulatory treatment of fractures. The splint is so firm and at the same time so light (five pounds) that the patient is able to be on his feet, and during the time that he is walking around the leg is in even extension, the weight of the body being thrown upon the bony prominences of the hip.

Sleep.—A liberal amount of sleep is necessary for most persons in order to do good work and be healthy. There are very few people who, like Napoleon, can work year after year with short hours of sleep. Every physician has seen cases of nervous wrecks brought on by lack of sufficient sleep. The editor of Health thus expresses his views on sleep:

There is an old saying which, in its too literal application, has done a great deal of mischief, and has prevented a great many people taking the

rest that is needful to them: "Nine hours sleep is enough for a fool." That is as may be, but it is none the less true that many who are by no means fools feel that they require quite that time to recuperate themselves. Different constitutions require different amounts of sleep; what is enough for one person is inadequate for another. We are believers in sleep, and plenty of it, and the probabilities are that the originator of the phrase, "Nine hours' sleep is enough for a fool," was a philosopher and a cynic and erred in making his own frugality in this respect the standard for the rest of mankind. We may, of course, err in the opposite direction, and sleep too much, for it is quite possible to do that; but it is only natural that one should one's self be the best judge of the time that is most beneficially devoted to sleep. It will be conceded by all thoughtful persons that the brain in very young children requires quite twelve hours' sleep, and this period is shortened gradually, until at fourteen years of age a boy is found to need only ten hours. When full grown and in good health, a man may find that eight hours is quite sufficient to render him thoroughly refreshed and invigorated, but if he finds, on the other hand, that the period is not sufficient, then, by all means, if he can, let him take more.

Massage in Surgery.—As an adjuvant to other measures in surgery, massage has an extensive field of usefulness. The Medical Times has this to say on the subject:

The following description, given by a well-known surgeon, is instructive of the use of massage as an adjunct in the treatment of surgical disease. Its employment is invaluable to removal of pathological conditions, injury, operations, and during the progress of and after operationsf for certain lesions of the nervous system. Its field of application is very large, including the diseases of the joints, traumatism, many operations upon the bones, ligaments, fascias and certain deformities due to diseases of the nervous system.

In diseases of the joints massage has been employed in the treatment of hip diseases and knee-joint disease from time immemorial; but in the treatment of ankle-joint disease and tubercular disease of the shoulder, elbow, wrist and in certain stages in the treatment of Pott's disease, this treatment is not as frequently employed as it should be. After the acute stage has passed in these diseases, the proper, cautious daily use of the massage will accomplish results which are truly marvelous. In gout and rheumatism of the joints, after the acute stage has passed, its use is followed by a subsidence of the swelling. In the correction of deformities, either in the treatment of the club-foot, in addition to the manipulations which are employed in the milder forms, massage will be found of great benefit to restore the power of weakened muscles. In all of these instances massage should be prescribed daily and should be accompanied by or alternated with faradism.

Traumatism—Massage is useful in contusions, sprains, lacerations of the fascias and ligaments, and in the treatment of joints after dislocation. Its proper and daily use in these cases is followed by rapid recovery, and its application should be prescribed with as much care as any other surgical remedy.

Operations—Massage is useful after operations to bring the parts to normal condition, particularly where these operations have been performed upon the bones, muscles, tendons or fascias, for the relief of deformity after tenotomies, myotomies, aponeurotomies, brisiment force, osteotomies, uninited fractures and anchylosis.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY AND THERAPEUTICS. By W. Hale White, M. D., F. R. C. P., Physician to and Lecturer on Medicine at Guy's Hospital, London; Author of a Text-book of General Therapeutics. Edited by Reynold W. Wilcox, M. A., M. D., LL. D., Professor of Medicine and Therapeutics at the New York Post-Graduate Medical School and Attending Physician to the Hospital; Visiting Physician to St. Mark's Hospital; President of the American Therapeutic Society; Fellow of the American Academy of Medicine, etc. Fifth American Edition, thoroughly revised. 744 pages. Cloth, $3.00 net. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

A new materia medica is a book which interests all physicians and one of such decided merit as this will be added to many doctors' libraries. The first section of the book comprises 116 pages devoted to pharmacy, pharmacology and general therapeutics. This part of the book will be of special value to medical students as it gives a good introduction to the study of materia medica. As is common with English text books the various remedies are considered under the two divisions of inorganic and organic substances. The physiological action and therapeutics of each drug are very concisely and clearly presented. The dose of each drug is given in both the apothecaries' and metric systems. The additions by the American editor are numerous and extensive adding very much to value of the book and bringing it up to the latest developments in this branch. Many new remedies which have been recognized as valuable are described, as protargol, heroin, mercurol, chloretone, dionin, iodothyrin, etc. When presenting remedies, their latest uses are given, as under cocaine the intra-spinal method of anesthesia is mentioned. Under the head of organic extracts the therapeutics of thyroid, suprarenal and brain extracts and testicular juice are explained. The chapter on antitoxins and serums describes diphtheria and tetanus antitoxins, antistreptococcic, antipneumococcic, and antivenomous serum, cholera, typhoid serums and inoculations, nutrient serum and hydrophobia antidote. Dosimetric practitioners will find useful the references to numerous alkaloids although some valuable alkaloids could receive more attention but we cannot expect one volume of this size to contain everything. A very complete index of remedies makes the book very useful for reference.

This work is a veritable mine of information on materia medica and therapeutics and we can recommend it to every practitioner wanting a practical, up-to-date book on the subject. Dr. Wilcox is to be congratulated on the thoroughness with which he has revised and edited the work, which shows that he has carefully sifted the latest and most important matter from the mass of current literature on materia medica and therapeutics.

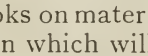
THE ESSENTIALS OF MATERIA MEDICA AND THERAPEUTICS. By Alfred Barring Garrod, M. D., F. R. S., Fellow of the Royal College of Physicians; Professor of Materia Medica and Therapeutics at King's College, London; Physician to King's College Hospital, etc. Third Edition Edited and Revised by Robert C. Kenner, A. M., M. D., ex-President Louisville Clinical Association, etc. 314

pages, Cloth $2.00, Sheep $3.00. A. Tyldesley Co., Louisville, Ky.

This book presents in a condensed manner the properties and uses of the principal remedies used in practice. The classification and arrangement of remedies is different from many other works on materia medica. The work is divided into two sections, one considering inorganic substances and the other organic substances and the latter are considered under the heads of vegetable and animal. The book presents the therapeutics of some of the newer remedies of acknowledged value, such as hydrozone, glycozone, ecthol, iodia etc.

The part of the book devoted to remedies from the animal kingdom is thoroughly up to the times. The antitoxins and other preparations of animal origin are described at some length. Twelve pages are given to the Roberts-Hawley lymph compound, explaining its action and uses. The author states that good results have been obtained by using the lymph compound in tabes dorsalis, chronic articular rheumatism, arthritis deformans, multiple neuritis, hemiplegia, and other chronic diseases. The author explains his reasons for believing in the value of the lymph treatment.

This work differs in many respects from most books on materia medica and is a production which will be read with interest. The book is clearly printed and well bound.



THE PHYSICIANS VISITING LIST FOR 1902. Leather, for fifty patients $1.25. P. Blakiston's Son & Co. 1012 Walnut St., Philadelphia, Pa.

This is the fifty-first year of this visiting list and it has been a success every year of its long existance. It is rare for a publication to be issued every year for such a long peroid but the appreciation of the profession explains the uninterrupted, yearly appearance of this convenient book. A physician needs a book where he can quickly jot down charges before they are forgotten or overlooked in the rush of busy times. This list supplies that need and also has the advantage that an account can be quickly referred to and any patron can be quickly informed what his account is. The book is the right size to be conveniently carried in the pocket. Tables of weights and measures by Prof. Oscar Oldberg will often be referred to, as well as the other tables arranged for quick reference. The dose table has been revised by Dr. A. A. Stevens and brought up to date.

THE PHYSICIAN'S POCKET ACCOUNT BOOK, consisting of a manila-bound book of 208 pages and a leather case. By J. J. Taylor, M. D. Price $1.00 complete. Published by The Medical Council, Twelfth and Walnut streets, Philadelphia.

This book requires no posting or re-entry. Each account is separate and distinct on its own page. Once writing the charge or credit completes the transaction. Having it with you at all times, you can enter the charge during a moment of waiting' so that when you get back to the office your accounts are already entered, and at the very best time possible—immediately after each transaction has occurred. In fact, it is often of great advantage, with persons who need such a vivid impression, to ask them if they "wish to pay cash for the visit, or do they wish to be charged?" and to make the entry accordingly in their presence. Thus they are reminded of the fact that your calling really has a business side to it as well as a scientific and humanitarian side. Many cash fees are obtained in this way that would otherwise be entered on

slow accounts. One advantage of this book is that it stands every legal test and can be presented in any court as evidence of account.

BOOK NOTES.

The Thanksgiving number of the Ladies' Home Journal is replete with good fiction and interesting and novel features. It opens with an article which tells "Where the President's Turkey Comes From." There are delightful stories, good advice, instructive articles and the regular departments.

The leading features of Modern Culture for November are "Emma Goldman and the Cleveland Anarchists." "Reconstruction and After," by Frederick Austin Ogg; "The drama and the Novel," by Ingram A. Pyle; "Husbands as portrayed by Women Novelists," by Nina R. Allen; "Glimpses of India" (Illus.,) by Bella Hicks Hassett; and "Indian Handicraft" (Illus.,) by Nevada Davis Hitchcock.

Nothing could be more timely than three of the articles which go to make up McClure's Magazine for November. William Allen White analyzes Roosevelt in a way which shows this unclassified man in a new light—the true light. Ray Stannard Baker explains "What the United States Steel Corporation is, and How it Works." Walter Wellman describes the automobile race from Paris to Berlin.

"Country Life in America" for November is a new sort of a magazine devoted to nature, country homes, gardening, and all things out-of-doors. The two leading articles are "The Abandoned Farms," a picturesque presentation of neglect; and "Ellerslie," ex-Governor Morton's handsome country seat, as representatives of the best ideal of country living. This is a magazine which will appeal to every one as it takes its readers close to Nature's heart. "The life story of the Frog" and "Woodchucks" are interesting articles. The illustrations are numerous and the presswork is beautiful.

November's issue of the new Lippincott'sMagazine contains a novel by a member of New York's "four hundred," Isabel D. Cameron, the youngest daughter of the late Sir Roderick Cameron, of Scotland. Her perfect knowledge of the social paths in which she leads her "brain children" in "One Woman's life" and her spicy plot make a fascinating story. "Recollections of Rossetti," by his friend, Herbert H. Gilchrist, tells of visits which he made to the artist. Anna Lea Merrit, the artist author, contributes "Suggestions for an Alpine and Marsh Garden." "A Woman's Trip to the Klondike" is by Emma L. Kelly, the first woman to follow the trail from Topeka to Dawson. These are only a few of the entertaining articles in this issue.

The World's Work for November declares its faith in President Roosevelt and outlines his difficult problems. An inspiring story of American trade expansion is told in the career of "American Locomotive Abroad," by M. G. Cuneiff. A plea for health is found in Dr. Flick's article on the "Fight Against Tuberculosis," and Arthur Goodrich's "Plain Description of Tammany" gives an idea of the conditions good municipal government must overcome. International understanding and good feeling are furthered by such articles as those on "The Problems of the British Empire," by Sydney Brooks, and on the relations of "Japan and the United States," by Midori Komatz. The World's Work is of great value to everyone who believes that the world is growing large instead of little and wants to grow large with it.

BRIEF MENTION.

The public is looking for cures.

Use up-to-date remedies and make all the cures you can.

Send for free sample of Morgan's sabalol spray. It is a good thing.

By knowing where you are weak, you may become strong.—Robert C. Auld,

In the treatment of pneumonia thermol is an efficient and safe antipyretic.

Iodomuth has given some good results in the treatment of the diarrhea of tuberculosis.

In neurasthenia use passiflora incarnata, Daniel's concentrated tincture. It will not disappoint you.

We know of a number of cases of diabetes which have been greatly benefited by the use of arsenauro.

When you advise a patient to go to a sanitarium, recommend the Alma, which is a very satisfactory institution.

If you want to introduce fat into the system, prescribe hydroleine. It is palatable, easily assimilated and very nutritious.

Dr. John Aulde, Kennett Square, Pa., has instructive and interesting literature, which he mails free to physicians requesting it.

Frank A. Ruf, of St. Louis, president of the Antikamnia Chemical Company, has been elected vice-president of the Fourth National Bank of that city.

The eucalyptus preparations, made by the Tyndale Eucalyptus Co., are very efficient. Send for a trial order of Tyndale's solution and you will never regret it.

If you want a good tape worm remedy, write Dr. Gray, Michigan City, Ind. He is desirous that physicians should investigate the merits of his remedy and prove its worth.

It is very desirable to be up in pathology and bacteriology, but the doctor who has not the practical knowledge which enables him to make cures, does not stand very high in the estimation of the people.

Dr. W. E. Fairfield reports: Severe form of facial erysipelas, accompanied by the usual local and constitutional manifestations. Treatment—Stimulants, iron, and locally, lanikol, freely and often. Result: Recovery, without skin destruction.

After scientific investigation, clinical reports as to the results obtained with Gude's pepto-mangan, have been submitted to the medical profession by Stuart McGuire, M. D., Richmond, Va.; Adolfo Fasano, M. D., Naples, Italy; George G. Van Schaick, M. D., New York; H. P. Loomis, M. D., New York; Deering J. Robert, M. D., Nashville, Tenn.; Ludwig Pohl, M. D.,

Vienna, Austria; Karl von Ruck, M. D., Asheville, N. C.; Jerome K. Bauduy, M. D., St. Louis, Mo.; H. D. Peterson, M. D., Chicago, Ill.; Hugo Summa, M. D., St. Louis, Mo.; C. A. Von Ramdohr, M. D., New York; Samuel Wolfe, M. D., Philadelphia, Pa.; H. Edwin Lewis, M. D., Burlington, Vt.; William Krauss, M. D., Memphis, Tenn.

The Alkaloidal Clinic makes a very generous offer to new subscribers in a page advertisement appearing in this issue. Turn to its advertising page, doctor, and read its proposition. It will be to your interest.

Dr. A. L. Sierer, of Harrisburg, Pa., writes: I am very much pleased with neurilla so far as I have been able to test it since returning from my summer vacation. I shall continue to prescribe it and watch results, as I am interested in this new preparation, which I believe to be most valuable.

The govenors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a fourth series of clinical lectures on diseases of the skin in the out-patient hall of the hospital, on Wednesday afternoons, commencing November 6. The course is free to the medical profession.

All demands upon the respiration are badly born by elderly people, and even slight bronchial attacks in those whose respiratory organs are already seriously impaired, are fraught with an element of danger. A teaspoonful of Fellows' syrup of hypophosphites every three or four hours will successfully tide many aged persons over a bronchial seizure, to which, without it they would probably succumb.

From a study of the literature on salophen and from a personal experience with the drug, Dr. E. C. Hill, of Denver, is convinced of its great intrinsic value in selected cases, namely, neuralgiform and inflammatory.

A Nebraska doctor reports: Lady, age 43, with hemorrhoids and pruritus ani. I gave her chiolin with directions for use, and in about one week she came back and told me she was quite cured of the piles, while the itching sensation left her after the very first application of chiolin.

In non-operative cases of appendicitis a good treatment after the bowels have acted is the oft repeated use of bovinine in doses ranging from five drops to a tablespoonful from every hour to four hours, as the case, age and condition of the patient indicates. Bovinine acts first by supplying perfect and absolute nutrition, requiring little or no digestion, thereby giving the alimentary tract rest. At the same time its stimulating properties are sufficient to keep up the patient's strength, and it is an ideal intestinal antiseptic.

In Glasgow, we are told, the people have great civic pride and regard the city itself as only a larger home than a house. They have half-penny fares on the street cars, fine schools, parks and galleries, and a splendid and never failing water supply. But better than all, they have reduced the death-rate to fourteen per thousand, although the city has a bad climate and is a great industrial center, and its death-rate was once notoriously high. From all this it would seem that the citizens of Glasgow have learned how to run their town on business and sanitary principles.—Philadelphia Medical Journal.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. IV. JANESVILLE, WISCONSIN, DECEMBER, 1901. NO. 12.

LEADING ORIGINAL ARTICLES.

HYPNOTISM IN MEDICINE.

(Second Paper.)

By J. R. Etter, M. D., Crawfordsville, Indiana.

In my former paper* I spoke of some of the foundation principles of the science or art of hypnotism, the main one of which is suggestion. Another very important element is concentration; in fact, unless the subject concentrates his mind on some definite visual object or mental subject, it is impossible to induce the hypnotic state. On account of this fact it is difficult, if not impossible, to hypnotize a weak-minded subject; and vice versa, easy to influence an intellectual one. The modes of influencing are as various as the different physiognomies, minds, thoughts or actions of individuals. A very simple thing may attract the whole thought of one person when presented to him in the proper manner and at an opportune moment. History records many instances where noted men have been so absorbed in a certain subject that they became oblivious to all surroundings. It has been said that some of the most vivid word pictures drawn by Shakespeare were written of places he had never seen and when he was in an apparently unconscious condition. Much of Byron's writings was done while he was either under the influence of narcotics or self-induced hypnotic state. One's very best thought or work is done when he is most fully absorbed in his subject and has all other things for the time being driven from his mind. Thus it is in the hypnotic state, the whole mind becomes absorbed in, or concentrated on, some certain object, and he becomes lost in his ordinary surroundings.

The act of concentrating his mind is often aided by the suggestion of another person, and when this is the case, he seems to be under the influence of, and follows, as it were, the suggestion of the one who has influenced or hypnotized him. When one is passing into the hypnotic, subconscious, or sub-liminal state, the memory or picture of the one who aids or directs the phenomena seems to be indelibly fixed on the mind, and becomes the integral part of his being, a guiding star, as it were, to his thoughts and actions. This union is so intimate and complete that the hypnotized per-

*October Recorder, page 304.

son will often act on the mere thought or desire of the hypnotizer, even without verbal communication, and at the same time the subject will pay no attention to any other person or object about him. If the hypnotist tells the subject to obey the directions of another person, he will immediately do so, and without any apparent consideration on his part whether he wishes to or not; in other words, it seems to be a part of himself that has made the suggestion. This intimate relationship between the two minds is one of the greatest mysteries connected with hypnotism.

Another peculiar fact is that the subject will remain perfectly passive until the operator suggests action, and then he will at once proceed to carry out the instructions given in the exact manner that he would do if he were awake and in full sympathy with its performance. To this latter rule there seems to be a well-proven exception, and that is that the subject will refuse to perform any act that is wholly repugnant to his nature when in a conscious state. While he will do many ridiculous things in the hypnotic state that he would not otherwise do, he will refuse to perform criminal or indecent acts, and this rule will hold good, not only while in the hypnotic condition, but regarding post-hypnotic suggestions as well.

Time seems to be an element that is peculiarly vivid to the subject, and experiments prove also things impressed on the mind of the subject immediately preceding hypnosis are indelibly fixed on the brain; as, for instance, if before inducing hypnosis you tell the subject to wake up at a certain time, or to perform a certain act at a specified time, he will do so within a few seconds of the time mentioned, and this, too, when he has no timepiece to go by. If you suggest to a person in the hypnotic state that he will perform a certain act tomorrow or next week, he will most likely not do so unless you specify a certain time or hour for him to do it, and then he will. Suggestions given to one in the hypnotic state are not remembered after he is awakened, or at least if you ask him what he was told to do tomorrow, he will say he does not know, but when the time comes tomorrow, he will at once proceed to carry out the instructions given.

There are many subjects that can hypnotize themselves and if before passing into the unconscious condition they resolve to perform certain acts, they will do so without the suggestion or guidance of another and will awake at the exact time they resolved to before going to sleep. If anyone who hypnotizes himself resolves to obey a second person, he will do so as fully as if he had been hypnotized by that person, but will utterly ignore anything said to him by others present.

It seems to be fully demonstrated that this concentrated or hypnotic condition of the mind has the power to suspend or control physiological functions; as for instance, if you fully assure the subject that he can hear no noise at all, and then fire a pistol near his head, not a quiver of a muscle will be observed, which would be impossible if he were awake; though he used his best endeavors, the suddenness of the sound would cause involuntary muscular contractions. It is to this ability of a hypnotized person to control the nervous system that we must look for beneficial results in medicine and surgery. It is not necessary that all persons should be profoundly hypnotized in order to attain results. I say profoundly, because many have the faculty of concentration when in an apparently waking state, and in such cases suggestion will do its beneficial work, while in others the sub-conscious state must be induced to make suggestion available for good. The confidence in the ability and judg-

ment of the operator has all to do with the effect on the subject. It is easy to hypnotize a subject when he has confidence in your ability to do so. Ofttimes a physician, who has the entire confidence of his patient, can instantly stop pain by giving an inert remedy, accompanied by the solemn assurance that it will do so. This is only a species of hypnotic influence.

Any method that will attract the undivided attention of the subject, coupled with proper suggestions, will induce the hypnotic state. I will speak of a few of the generally used modes. As I have already indicated; the main thing is to get the undivided attention of the subject—concentration. Place yourself in front of the patient, grasp his hands, direct him to gaze steadily at your right eye, while you firmly fix you vision on the root of his nose, and look steadily, batting the eyes as seldom as possible. By practice one can acquire the habit of looking several minutes without winking the eye. After ten or fifteen minutes steady gazing, begin to suggest that the patient is becoming sleepy, that his eyes are getting heavy, etc. Suggest that he feels a tingling in his heads and arms. These various suggestions must be continually repeated and with great earnestness. Shortly his eyelids will begin to droop, and then by passing your fingers lightly over the lids, gently closing his eyes, suggest in a very positive manner that his eyes are tightly closed and that he cannot open them; you will find that he cannot do so.

Another plan is to hold a bright object before the patient, as a piece of money, and direct him to gaze steadily at it. When he has gazed some minutes at the object you will observe a weary look in his eyes; then begin the suggestions as before and you will soon be rewarded by his falling asleep.

An object of any kind may be revolved in a circle before the eyes, directing him to follow the movements by rolling the eyeballs, but not moving his head.

After a patient has once learned the art of concentration, that is, been hypnotized, it is very easy to influence him again. In such cases it is only necessary to tell him to go to sleep and he will do so. After a patient is asleep he seems to have full confidence in what you say to him, and it is to this state of implicit confidence that by suggestion you are able to direct his mind aud actions as you will. By telling him you are going to perform a slight operation and that he cannot possibly feel any pain, he will fully believe and will feel no pain at all. To prove that suggestion is the whole cause of immunity from pain after the patient is hypnotized, tell him he can feel no pain in his hand, but that his foot will be very painful. Then prick tha hand and foot successively with a needle, and while he will not notice it on the hand, he will almost scream with pain when the foot is touched.

In administering anesthetics, the patient will much more readily pass under its influence if you constantly suggest that he is going to sleep; that he is perfectly calm and quiet; that there is no danger, etc. In fact a patient can be anesthetized with much less of the anesthetic than where this precaution is not observed.

I am constitutionally opposed to fads of every description, and only advocate the use of hypnotism in proper cases, the same as I would the use of any drug or surgical procedure. It is not a cure-all and should not be used to the exclusion of other necessary means for the alleviation of your patient. It is only in properly selected cases, and when used by a physician, that it beneficial results will be obtained.

I will conclude this article with a few aphorisms. Suggestions can be given

to a person during natural sleep without their conscious knowledge or remembrance, that they will act on when awake without knowing why they do so. Earnestness in operator and subject is absolutely necessary to succes-in hypnotism. Hypnotism has the advantage over chloroform, in that it can be used an indefinite number of times in close succession without injury to the patient. The immediate physical acts performed by the subject are under the control of the conscious mind, yet no conscious memory is retained of the same. A person cannot be hypnotized unless he is in a passive state of mind; it often takes considerable training to attain this condition. One cannot be hypnotized against his will.

Anesthesia only comes to the subject after positive suggestions of the fact are given by the operator. Without suggestions, pain is almost as accute as in the waking state.

In illusions it is much easer to transform a visible object into an imaginary one than to create an object out of nothing. It is easier to transform a chair into a horse than to form a horse out of space.

TREATMENT OF HEMORRHOIDS.

By Geo. J. Monroe, M. D., Room 30, Courier-Journal Building Louisville, Ky.

When a patient suffering with piles comes for treatment, about the first question he asks, will be, "Can you cure piles?" I believe as a rule we can answer in the affirmative; that is to say if the case is simply hemorrhoids uncomplicated with some other disease. I know of no reason why hemorrhoids cannot be cured. I do not hesitate any more to treat hemorrhoids whatever the condition may be; even if the patient has consumption, hemorrhoids can be cured provided sufficient vitality remains to heal a simple wound. I treat such cases expecting a favorable result. That nature intended that anyone at stated periods or continuously should lose a quantity of blood from the rectum from bleeding hemorrhoids I do not believe. That the loss of blood in this way is beneficial I do not believe. That the loss of blood will prevent some other part of the human economy from becoming diseased I do not believe. Any loss of blood or pus from any part of the system I belleve is injurious and should if possible, be stopped. The next question will be, "Can my hemorrhoids be cured without a surgical operation?" I think we are safe in replying to this in the negative. This is especially so if it be a case of internal hemorrhoids. Many have advertised to be able to cure hemorrhoids without resorting to surgery, without the use of the knife, ligature, clamp and cautery or hypodermic method. Many people have been lead to believe that no surgical operation is necessary. I know of no way of curing internal hemorrhoids without a surgical operation. I have heard of many such cases, but somehow or other they fail in my hands.

A great many will suffer with their hemorrhoids for years rather than submit to a surgical operation for their cure, that is, if they know it. We hear of secret methods for the cure of piles without any surgical means. The secret method is by the injection of carbolic acid into the hemorrhoids. Whether it be Brinkerhoff's, Hoyt's, Agnew's, or any others, this is the medicine and method used. I believe I was amongst the first who ever cured piles by the hypodermic method of treatment. The medicine then was, and is to-day, carbolic acid, more or less diluted with sweet oil or glycerine. Many patients have desired to have

this method used. A great many to-day are afraid of it. I believe it to be, in selected cases an absolutely safe method of treatment and a very good one. It must be properly used however. Many have made use of it that have known nothing about the medicine, or in fact hemorrhoids either, and have injected it promiscuously without any sense or reason, and have done great harm with it. I think for this reason its use has been too generally and unjustly condemned. I will state the case somewhat differently by saying the improper use of carbolic acid injections in the treatment of hemorrhoids has been justly condemned.

We quite frequently find patients that desire a palliative treatment. I doubt very much if we should recommend this, otherwise than temporary, as it rarely ever will give satisfaction. Sometimes, strange as it may seem, we do have good results from palliative treatment. This however is the exception and not the rule.

I believe it to be a rare occurrence to meet with a case of hemorrhoids that is incurable. We do find cases, however, my experience has taught me, that will require a prolonged treatment to accomplish this result. A rectal specialist will find in females a number of complications. A lady will come for treatment of piles. The surgeon will operate for their removal. What is the result? As a matter of fact the piles are cured. Will the lady admit they are cured? Honestly she believes they are not cured. She still has an unpleasant sensation in the rectum, sometimes real pains. If we insist on an examination we frequently find ulceration or displacement of the uterus or ovarian trouble producing the rectal annoyance which she attributes to disease of the rectum. The rectum may be in a normal condition. For our own protection as rectal specialists what must we do? We must send our patient to a gynecologist, or treat the womb or ovarian disease ourselves. I am inclined to think we will be more successful and give better satisfaction if we treat the womb disease ourselves.

Many patients object to radical treatment on account of having to take an anesthetic. When we first heard of cocaine we expected great results from its use. We thought we would be able to do away with cloroform and ether. I have been greatly disappointed so far as rectal diseases are concerned in the anesthetic effect of cocaine. Cocaine may relieve pain in some cases, but as a rule it is ineffectual. I had a case of external hemorrhoids to-day, where I wanted to lay them open so as to allow the coagula of blood to escape. I saturated cotton with a four per cent. solution of cocaine and applied to the anus, placing dry cotton over it. I allowed it to remain in position ten or fifteen minutes while I examined his lungs. He suffered no pain from opening the tumors. Generally we do not obtain so favorable results. I never have been able to anesthetize the anus and rectum sufficiently to be able to divulse without pain. I am sorry to make this statement in regard to cocaine but such is the fact. After these preliminary remarks I will try and state how I cure hemorrhoids.

External piles may be treated by opening the pile freely, pressing out the clot, and swabbing the cavity of the sack with a saturated solution of carbolic acid. In opening a tumor the cut ought to be quite free so it will not readily close. If we fill the cavity with borated cotton, and keep in position by a pad and a T bandage we obtain more certain results. This can be removed on the second day. The tabs of skin which we often find as a result of a previous case of external piles, sometimes become inflamed and painful. They are also in the way about cleaning the parts. These had better be

removed. I usually cut them off with heavy bladed scissors. I find the uvula scissors answers well for this purpose. I have injected cocaine into them before cutting them off but not much relief is gained by this. I have frozen them. The patient will suffer nothing from their removal if frozen. He will suffer however when the thawing process is going on and for sometime thereafter. I do not believe we gain much by freezing. Sometimes we will have free hemorrhage from the removal of these tags. This can be checked by pressure. I apply a pad of cotton and fasten rather tightly with a bandage.

We will find sometimes just within the anus a small tumor, which looks very much like a small strawberry. The tumors often bleed a great deal. I treat these frequently, by dipping a glass tube or rod, in fuming nitric acid and applying. Sometimes this application will have to be repeated, but usually the one application is all that is required.

Ligature. The ligature has probably been used longer than any other method of treatment for the cure of hemorrhoids. Allingham of England, and Van Buren, and Mathews of this country, have been the means of popularizing the ligature. My method of using the ligature is to use strong silk or linen. Of course before using any method of treatment the bowels ought to be cleaned out by physic and enemas. If the tumor stands out prominently as many of them do, I make no dissection; if not I separate by the scissors so I can get my ligature around it, so it will not slip off. I grasp the hemorrhoid with a toothed forcep and pull it down so I can get my string around it at its base. I tie the ligature as tightly as I can. We may or may not cut the tumor outside of our ligature. Often I do not. If we do cut off the tumor we must not cut it so close to the ligature that it will slip off. If this occurs we may expect a hemorrhage. I have had this occur to me twice and found great difficulty in reapplying the ligature. It does no harm to leave the entire tumor. Ligate each tumor in turn and oiling them well press them back into the rectum. Van Buren transfixed the hemorrhoid and tied each half separately. Allingham and Mathews ligate the entire tumors.

Are there objections to the ligature? Patients very frequently suffer severely for ten or twelve days. We have to keep them under the influence of morphine. Quite often we have to draw the urine with catheter. If care is not used in dissecting up the tumor preparatory to applying the ligature we may have dangerous hemorrhage. We sometimes have secondary hemorrhage. The patient is not entirely well until about four or five weeks have elapsed. Of course these are all objectionable but not always avoidable with any method of treatment.

Does the ligature cure hemorrhoids? It does if properly used.

Injections. Injections into hemorrhoids consist of Calverts carbolic acid saturated solution, one part, olive oil three parts. We may use it stronger or weaker as we prefer. If it is much weaker than this it will hardly produce sloughing, and if we do not get sloughing the cure is not permanent. Sometimes the pain produced from carbolic acid is very great, at other times we have but little. The quantity injected into each tumor should be sufficient to turn it all white. Occasionally we have extensive sloughing, but this rarely occurs if the tumor is only injected. I hardly believe if the treatment has been properly applied, that we need to have ulceration, abscess or fistula follow. When I use the carbolic acid I inject all of the tumors, oil them and press them up above the sphincter. I control the pain with morphine or by an enema of laudanum. In using an

enema, I take one or two tablespoonfuls of olive oil and mix with it from forty to sixty drops of tincture of opium and inject. This usually will quiet for ten or twelve hours. I then repeat the injection. Of course the patient had better be prepared the same as we would prepare him for ligature. Clean out the bowels. Put patient to bed after treatment for a few days. Let the diet be light, etc.

Do we always cure hemorrhoids by injections of carbolic acid? Generally we do. I have noticed that old hemorrhoids, where they have become hard, unless the carbolic acid is injected into every part of them are not cured. I think we had better use the ligature to remove this class of cases. In using the ligature it is better to give an anesthetic.

So far as heart clot or embolism, from the use of the carbolic acid injection is concerned, I believe is pure rot. I do not believe it ever occurred. Dr. Edmund Andrews of Chicago, to the contrary notwithstanding. Dr. Andrews never saw a case of it, and the cases he reports are only hearsay.

The Clamp and Cautery. The clamp and cautery known as Mr. Henry Smith's, of England, is used to some extent in this country. I do not believe it is as popular as it was a few years ago. Dr. Chas. B. Kelsy of New York, prefers it to all other methods. Dr. Grant, now of New York, also recommends it. I do not think Mathews uses it. The operation consists of dissecting up the tumors, pulling them down with a toothed forceps, applying the clamp to the base of the tumor, cutting off the hemorrhoid within a line of the clamp, with scissors, then cauterizing the stump with an iron or platinum at a red heat. The Paquelin cautery is used for this purpose. Dr. Grant's clamp I believe to be the best. In using the clamp the patient is prepared as for the ligature, or carbolic acid. An anesthetic had better be used. I think it very good practice to divulse the sphincter if we find any abnormal contraction prior to any of the treatments, and to do this thoroughly an anesthetic is required. If the muscle is already relaxed never divulse. Even when we do divulse we must be careful not to carry it too far. I have seen several cases of incontinence of feces, where the muscle had been torn asunder in the operation of divulsion.

I have now hurriedly and imperfectly passed over the treatments of hemorrhoids which I consider the best. There are many more, but hardly worthy of record. Whitehead's treatment for a time was popular but I do not think is used much any more.

OBSERVATIONS ON A NEW DERIVATIVE OF SALICYLIC ACID.

By G. W. Ausbrook, M. D., Dongola, Ill.

During a practice of nearly twenty years I have had considerable opportunity of studying the action of the salicylates in the various conditions in which they are applicable. While they have proved valuable remedies I have been equally impressed with their serious disadvantages. In some cases it is impossible to use them at all or for any length of time owing to the irritation to which they give rise, while in other instances their weakening effect upon the heart renders them equally objectionable.

For some months I have been experimenting with aspirin, or acetyl salicylic acid, and find it the most satisfactory of the entire salicylic group. It is almost tasteless, and there is very little trouble of administering it either in capsules or dry on the tongue followed by a swallow of water. It is well borne by the most sensitive stom-

ach, and I cannot call to mind a single instance where it disturbed the digestion. It can be given continuously for an indefinite period without the least discomfort. Owing to its possession of these qualities I find a wider range of usefulness for it than for the salicylates as an antirheumatic, sedative, analgesic, and antipyretic.

The following are some practical observations on various diseases which I have treated with this drug in which the results seem to me sufficiently noteworthy to deserve attention.

On January 26, 1901, at about 8 a. m , I was called to see Mrs. B., aged 26, farmer's wife, who was in confinement for the fourth time. She was delivered of a fine baby girl about two p. m., and seemed to do so well for about four days, when she had a chill followed by fever. The appetite failed; the tongue had a grayish yellow coating; the bowels became sluggish; the abdomen tender and painful; the lochia ceased; in short, the symptoms pointed to puerperal fever, perhaps complicated with malaria. Wlthout going into the details of treatment at this time, suffice it to say that I treated her for about a week to the best of my ability, and was dismissed, and Dr. P. called in He treated her for some eight or ten days, and the patient getting no better he was supplanted by Dr. C. After being under his care for two weeks without improvement her husband begged me to take charge of her case again. After much persuasion on his part, I reluctantly agreed to see his wife again. She now presented well marked symptoms of subacute inflammatory rheumatism. She was neurasthenic and anemic and emaciated. Temperature 102 ° ; pulse small and weak, 120 per minute; tongue very dry, grayish brown coat; stomach nauseated, with vomiting at short intervals; nervousness and restlessness, pains and soreness from head to foot. Spinal column very tender on pressure. Joints swollen and somewhat stiff, and extremely tender on pressure. She was in a half demented condition, and could hardly bear to be moved. She had slept but very little for several days and nights, and sleep had been enforced by morphine. In short, the case looked very discouraging. The treatment I adopted was as follows: The first thing I did was to try to quiet the stomach, so that she could tolerate other medicine and retain some nourishment, of which she was badly in need. For this I prescribed elix. pepsin and bismuth, 7 drachms, comp. spirits of lavender 1 drachm, muriate of cocaine q. s. to make a one per cent. solution. One teaspoonful of this was given every one-half to one hour for a few doses, until the stomach quieted down. For the neurasthenia I prescribed a mixture of bromides, passiflora incarnata, celery and guarana; and for the rheumatism powders of aspirin and protonuclein, of each eight grains, one every four hours. I also left a few 15 grain doses of sulfonal to be given at night if the patient could not sleep. On March 11th I saw the patient again. She had slept a few hours after taking two doses of sulfonal. She was not suffering so much; temperature 101; pulse 120, small and weak; not much nausea, but she had vomited twice since the day before, but retained the medicine. There was still much tenderness along the spine and in the joints; bowels sluggish; the mind seemed a little clearer and brighter. I continued the medicine with the addition of effervescent crab orchard salt to move the bowels, and a stimulating liniment to be applied to the spine and joints. March 12th, patient slightly improved; soreness and tenderness not so marked; she was resting more easily and seemed brighter; the bowels had acted twice. Treatment was continued. March 13th, the patient was gradually improving under the same

treatment. March 15th and 16th, complained that she seemed to have no control over the left leg. March 17th, considerable improvement; temperature 99½; pulse 102, fuller and stronger; mind quite clear. She was not so nervous and restless, and had slept four or five hours the night before. Tenderness not so marked over the spine and joints of extremities. She could not move the left leg very much, which was numb and lifeless. Treatment: I ordered elixir of calisaya, iron, pepsin, and strychnine added to the tonic, and also continued the aspirin in 10 grain doses, with protonuclein 5 grains; one powder every four hours. Besides the application of the liniment I directed massage and rubbing of the leg two or three times a day. March 18, patient still improving with better motion of the leg; treatment continued. March 19, patient doing well, and had sat up a little in an easy chair. She could move the left leg, but had very little control over the ankle. When putting any weight on it it would turn over, and would not support the body. March 20, appetite and digestion good; temperature 99; pulse 88; all tenderness and soreness subsiding; sitting up a few hours each day. From now on improvement was steady, and the patient has completely recovered. I kept up the above treatment with variations for some time, and gave aspirin from the beginning to the end.

It will be seen that in the above case aspirin acted in three distinct ways, viz. antirheumatic, analgesic, and antipyretic. At the start the patient had a very irritable stomach, but the aspirin did not increase the irritation, and was always well tolerated. I am thoroughly satisfied that she could not have taken sodium salicylate owing to disturbances of the stomach.

In the acute form of rheumatism the effect of aspirin is, of course, still more energetic and rapid, and while fully equal to the salicylates it is entirely free from their unpleasant consequences.

On January 7, 1901, I was called to see Mr. C., a farmer, aged 52; previous health good, and found him suffering intensely from a well developed attack of la grippe. He had been ill for days, for which he took quinine, but he was not confined to the house until the evening of the 6th, when he had a chill followed by fever. His temperature was 103½, the tongue very foul and dry, the skin dry and hot, the bowels sluggish, the urine scanty with high specific gravity. He complained of headache, backache, and aching and soreness in his limbs; in fact he was one rack of misery from head to foot. I prescribed a carthartic and powders of quinine, ginger, camphorated Dover's powder and phenacetin every three hours. I also left with the nurse a few fifteen-grain powders of aspirin, with directions to administer one in the interval between the quinine powders until the pains and soreness of the body were relieved. January 8 the patient was resting comfortably; temperature 99⅘. The bowels acted well, the skin was moist, the mouth not so dry, the aching had been materially relieved, but some soreness remained. He had slept a few hours; the kidneys were acting reasonably well, he had taken a little nourishment, but was somewhat nauseated. Treatment was the same as the day before, except the Dover's powder was omitted, as I thought that was producing the nausea. January 9 the patient was doing nicely in every respect; temperature 99, aching had all disappeared, very little soreness remaining, he slept well, nausea was entirely absent and he was taking plenty of nourishment. I now prescribed capsules of quinine, grains two, and aspirin, grains six, one to be taken every three hours through the day, ordering sufficient to last three days. Under this

treatment the patient made a rapid and complete recovery.

Now in the above case the aspirin undoubtedly played the predominating part in the mitigation of all the symptoms. I have used aspirin in a number of cases of la grippe with the break-bone and head-splitting symptoms with wonderful, prompt and satisfactory results.

In nearly all cases of acute malaria there is a severe headache, deep, heavy, dull backache, and intense aching in the limbs, with fever, the temperature running all the way from 100 to 105. There is usually nausea with more or less vomiting, restlessness, etc. Now here is a typical case for aspirin, phenacetin, quinine, calomel, with the salines. For the relief of these patients I rely on aspirin and phenacetin which will do the work in a few hours. I do not mean that they will eradicate malaria in a few hours, but will so change the character of the case as to give the patient ease and comfort. In nearly all of these cases of intermittent type with lassitude and more or less soreness and stiffness of the muscular system, I combine aspirin with quinine and find it acts very beneficially.

I have prescribed aspirin in a number of cases of neuralgia of the head, face, eyes, ears and jaws, and find the remedy an excellent analgesic. I have quite a number of patients who have periodical spells of headache and must have something to give them relief. Many of them are in the habit of going to the drug store and buying headache tablets and powders, all of which contain from 90 to 100 per cent. acetanilid, which should not be recommended by the physician and much less by the druggist. Acetanilid is a very dangerous and treacherous drug for use by the laity on account of its depressing effects on the cardiac system. The point I wish to emphasize here is that when a patient drops into the office and wants a few headache powders so that he can attend to his business with comfort, he does not care to pay you a fee to examine his heart, and learn if he can safely take acetanilid. He neither has the time nor money for such an examination. He is in a hurry and wants to go to his work relieved of his headache All such cases need a remedy that is safe and at the same time effective, and we have such a drug in aspirin, If a patient comes to me during the heated term of summer, with a throbbing headache and hot head, I am usually able to render him comfortable with one or two doses. I have some patients who are subject to spells of neuralgia most any time, and they tell me that when they feel an attack they are able to abort it with one dose of aspirin. I have never heard a complaint of nausea or bad effects.

Aside from cases of traumatic character most cases of soreness and lameness in the muscles of the back are of rheumatic origin, and call for antirheumatic treatment. My favorite remedy in this condition is aspirin, usually in 15 grain doses. This, with a turpentine liniment, applied to the back night and morning, ordinarily causes a rapid disappearance of the lumbago.

SEEM TO DO SOMETHING.

By C. E. Boynton, M. D., Los Banos, California.

A doctor gets little credit enough for the good he does and the lives he saves; therefore it is worth while to turn those improvements that come about naturally without our help to our of credit if we can. Let us suppose some cases.

Case 1—Miss A, sick with typhoid fever, is low and apathetic. We elicit the fact that she has not drank water

enough. Now water will work a transformation in this case, but instead of giving water directly let us mix a placebo granule in a glass of water and get the patient to drink it; then leave orders that granules be given so often in a glass of water. The granule and the doctor get the glory and the water works the transformation, and that only offsets the blame we undeservedly received when Mrs. Jones' baby died after the family had given it everything for cholera infantum and we were called too late.

Case 2—Farmer Jones killed a pig, and Johnnie ate too much fresh pork. When we arrive Johnnie has vomited all the swine meat and a good deal else and is sick and empty. If simply let alone Johnnie will be all right in a little while, but no one is sure of that fact except the doctor. Again the placebo granule in bulk or in less water will come into play. Johnnie will be all right tomorrow and the doctor will get some credit, which partly offsets much undeserved credit.

Case 3—Mrs. C, an old lady, thinks she must take medicine in order to live. She doctors herself and knows it all. The other day she sent to town for some liver pills and Mr. C brought home some that were smaller than she had ever taken before. The directions were to take one or two, but Mrs. C, to make sure and because they were so small, takes three and they gripe her. She thinks she is poisoned and sends for us in haste. When we arrive most of the pain is over, but the fright yet remains. We give a heroin tablet, one-twelfth grain or a dozen of Waugh's anodyne granules in hot water and directly she is asleep. If we had not come she would have been asleep anyway inside of two hours. Now, when she wakes we do not want to let the opportunity slip to inform that old lady that she should not rely upon herself, but upon the physician when she requires medical treatment; that she has escaped this time and let it be a warning.

Case 4—Mrs. D. is. ambitious; she has worked too hard and all she requires is rest. The family has plenty of means and are well able to employ all the help she requires. Therefore, we prescribe a trained nurse for Mrs. D. and give strict orders that she is to lie in bed for eighteen hours out of the twenty-four; take her medicine strictly every hour when awake (the medicine is a simple tonic,) and during the six hours up, she is, as the case will permit, to ride out with her nurse, take her meals in her room and perhaps attend a matinee. Now, throughout this regime, doctor and nurse should vary the treatment, introducing electricity, massage, etc., and make it all elegantly elaborate, and ere long Mrs. D.'s health will return, for she will simply get in this way the much needed rest that she never in the world would have taken, simply because of the doctor's unqualified say so.

DENTITION.

By M. G. Price, M. D., Mosheim, Tennessee

We once saw a babe in a convulsion and after the storm of excitement was over, the mother inquired for the cause. We replied that it was probably due to teething. She remarked that she had never heard of such a thing. We made no reply.

Let us look this matter up a little and see what might happen to a teething child, reflex or otherwise. The gums may be hot, painful, or tender. Catarrhal stomatitis with salivation we have frequently seen. Inflammation of the eye and otitis media may occur. Gastro-intestinal disturbances, such as diarrhea, etc., are of very frequent occurrence. Bronchitis and cough are not unknown and often we have skin lesions erythema, nettlerash or eczema, while the nervous system is attacked

by restlessness, insomnia, convulsions.

For digestive disturbances and bronchitis we give

Hyd. c. creta gr., 1-6
Sodium b. c.,
Sugar of milk, aa. gr. ss.

One tablet every two or three hours until the bowels are freely moved. For fever and restlessness give gr. ½ acetanilid. Chloral hydrate and sodium bromide have a happy effect on the pain and insomnia. Split the gums if necessary but do not "thimble." Camphor monobromate is indicated in nausea, restlessness and diarrhea.

Dosimetrically we treat restlessness and pain with Waugh's anodyne, hyoscyamine and camphor monobromate, not forgetting the hyd. c. creta. This will not disappoint you.

STRICTURE OF THE MALE URETHRA.

CASE REPORT.

By R. L. Ford, M. D., Beda, Ky.

I was called to see N. T. (colored), giving history as follows: he denied ever having gonorrhea or syphilis and said about three years ago he was riding a horse bare backed when the animal became frightened and threw him up on his wethers from which he received an injury in the perineum and had realized some difficulty in urinating ever since. I examined him and found a fistula in the perineum which was discharging pus and urine when he urinated. He said this was an abscess which was opened by Dr. W. about a year ago. I opened another up on the side of the scrotum which continued to discharge pus.

A few months later several more abscesses formed in the perineal region and one at the base of the penis This time I made a thorough examination and found a stricture which would only admit a No. 6 english sound and there was communication between the urethra and the rectum besides several others which discharged urine when he would urinate, and one fistula which burrowed back in the ischial region up by the side of the rectum for three or four inches.

I told him he would have to be operated on to which he consented. First I slit out all of those branches of which I believe were six, and let him go for two weeks; by this time those places had healed. Then with the assistance of Drs. F. and S. we anaesthetized the patient and I dilated the urethra up to a 19 english sound and did an external perineal urethrotomy, and put in a drainage tube for twenty-four hours, then removed it. After this I used the sound three times a week and irrigated the urethra with a solution of permanganate of potassium every other day for two weeks. Now the patient is well. The sound should be used once in a while for several years. The mistake I made was I should have done the urethrotomy at first. I like to report my mistakes as well as my successes for we will be benefited as much, or more, by a mistake as by a success.

CONSTIPATION,

By C. E. Boynton, M. D., Los Banos, California.

No matter what the chronic disease may be if your patient is constipated you may do him good. There is a tablet manufactured by all the leading drug houses that I am in the habit of calling four one-tenths. It is aloin podophyllin, belladonna and nux vomica, $\frac{1}{10}$ grain of each. It may be given after or before each meal and ½ or ¼ tablet given if too strong or more than 3 per day may be given in a bad case. Thus the constipation is controlled and the patient gets better in every case. I use the tablet in several forms so that the patient feels that the doctor more than the medicine does the work.

ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

ALKALOIDAL THERAPEUTICS,

By M. A. Blanton, B. S., M. D ,
Baileyton, Tennessee.

(Tenth Paper.)

HYOSCINE AND HYOSCYAMINE.

These are companion principles, and both true alkaloids. The first is a liquid alkaloid, the hydrobromate of which is generally used. The second is a crystalline alkaloid, and is generally used in the indefinite form (amorphous). The hyoscyamine amorphous of commerce contains hyoscine in varying proportions. It was supposed at one time that the latter could be obtained from the former drug by decomposition: however, later investigations proved this false.

The hyoscyamine, most popular with the alkaloidal fraternity, contains a liberal quantity of hyoscine. It therefore partakes of the properties of both and closely represents the parent drug, hyoscyamus. Dr. Abbott says, in the Alkaloidal Clinic, that if youwant the distinct properties of the two alkaloids you should use hyoscyamine crystals for the one and hyoscine hydrobromate for the other.

Dr Potter says in his Materia Medica, fifth edition, "Hyoscine hydrobromate is an efficient hypnotic, with the advantage of being tasteless and having a very small dose (gr. $\frac{1}{60}$) so that it may be given in the tea, coffee, etc. It is apt to affect the head afterwards, and soon loses its power by repetition. In large doses it is a powerful respiratory depressant." Its principal use seems to be in treating drug addictions.

The action of hyoscyamine is much like that of atropine, duboisine and daturine, except it is the least powerful and the least irritant of the group and the most calmative and hypnotic. Its delirium is never furious, but is accompanied by insomnia.

Hyoscyamine is principally used as an antispasmodic and relaxant. It may also be used as a hypnotic and anodyne when the opiates are contra indicated.

In painful dentition hyosycamine is soothing, relieving the pain and irritation.

Use hyoscyamine and strychnine in sea sickness; hyoscyamine in intestinal colic; hyoscyamine combined with strychnine in appendicitis;hyoscyamine in sexual neuroses.

Administer hyoscyamine to relieve spasms due to fecal impaction until the contractions of the intestinal musculature are relieved, that is always give it for effect or to the point of tolerance which is indicated by dilatation of the pupils with dryness of the mouth and redness of the skin.

The adult dose is gr. $\frac{1}{200}$ to $\frac{1}{250}$ given every fifteen to thirty minutes until effect, then every one or two hours, as needed. Children require about one-third larger doses, proportionately, applying Shaller's aconitine rule. As I have before said, there is no limit to the use of this drug until dilation of the pupils occurs, provided the conditions are favorable for its immediate absorption. To secure its hypnotic effect a single physiological dose is required.

An excellent combination in cystitis

is the combination of one granule each of aconitine benzoate of lithium and hyoscyamine. Sig. One of each every two hours until effect.

AMONG THE ALKALOIDS.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

Digitalin is specific in scarlet fever.

Camphor monobromate allays sexual irritation.

Gelsemium and aconitine are well used in neuralgia.

In hemorrhages of any kind, remember atropine in full doses.

Strychnine arsenate is a valuable remedy in failing eyesight.

Caffeine markedly increases the diuretic action of digitalin.

Calcium sulphide is spoken well of in phthisis, but is yet on trial.

Veratrine is indicated in full bounding pulse, whatever the condition.

Atropine, grain $\frac{1}{500}$ t.i.d., is very valuable in nocturnal incontinence of urine.

Benzoic acid should be remembered in chronic rheumatism with offensive urine.

Atropine, calcium sulphide and aconitine are serviceable in whooping cough.

Apomorphine, grain $\frac{1}{100}$ hypodermically, is a powerful antispasmodic.

Anemonine is specific in menstrual derangements with great mental excitement,

Hyoscyamine and camphor monobromate are fine in the treatment of dysmenorrhea.

The arsenates are valuable in cancer to alleviate the pain and delay the progress of the disease.

Rheumatism, colchicine, lithium benzoate, hyoscyamine for pain, bryonin for stiff joints and back.

Podophyllin will work nicely with full veins, full face, full abdomen and full tongue. "Full" is the word.

Camphor monobromate is a very valuable remedy in the disorders of dentition—diarrhea, nausea and restlessness.

Croup—apomorphine as an expectorant and to loosen the membrane, dosimetric trinity for fever, calomel to move the bowels and strychnine as a tonic

Bronchitis—the doctors' dosimetric trinity for fever, codeine end hyocyamine for cough, emetine or apomorphine as an expectorant, strychnine as a builder.

CALCIUM SULPHIDE.

By E. C. Rothrock, M. D., Tennessee Colony, Texas.

In acne, eczema and other skin diseases calcium sulphide does good service. In boils which continue, giving great unrest and pain, calcium sulphide one grain every three hours has given me better service than any article I ever tried. Suppuration can be prevented or limited by its use. In extensive suppuration it will prove efficient. In acid dyspepsia and pyrosis it acts well. It often has a good effect in bronchitis. Calcium sulphide is frequently of great service in gangrenous wounds, mixed with vaseline and applied to the diseased parts. It acts well in gleet and in the suppurative stage of gonorrhea. It is a good remedy in true croup and diphtheria.

Rundschau.

By H. Speier, M. D., Rochester, Minn.

DRESS REFORM IN PARIS.

Paris is probably the last city from which we should expect radical reform in the character of woman's dress. Yet an energetic movement has been started there in that direction. A Dr. Marechal recently in a public address before a large audience adduced a lot of statistics which seem to prove that corsets are responsible for a diversity of disease among women, only 30 per cent. of the wearers remaining healthy. The municipality of Paris has appointed a hygienic commission for the purpose of bringing about the adoption of a healthier costume by women. Dr. Marechal now proposes to introduce in the national legislative chamber a very stringent bill, the chief provisions of which are a prohibition of the wearing of corsets by all women under thirty years of age and a placing of the manufacturers of corsets under strict police supervision, making them, among other things, liable to imprisonment if they sell corsets to women about to become mothers. Afterwards he intends to open a campaign against women's hats and shoes which he calls foot corsets. Regulation of dress by law has often been attempted before, has always failed and will fail again. The world will laugh at the French doctor's well-meant effort and that well be the end of it. Education alone can have permanent effect. Much indeed has been done during the last generation. Such instruments of torture as the steelbound, tight-gripping corset of twenty years ago are but seldom seen today. The wasp waist has gone out of fashion, the athletic young woman has come in and with her common sense and greater freedom in female dress, at least in America. The sex has gained in general health, too. While the corset of late years has been comparatively harmless, much harm may be done by the utterly unhygienic straight corset now in fashion. It distorts natural form and proportion and undoubtedly exerts injurious pressure on the abdominal organs. Physicians ought to warn their patrons against it. Has woman, however, the sole monopoly of irrational dress? Are we men better off with the cuirass-like starched shirtbosom over our chests, the ugly, stiff collars around our throats, the heavy, inartistic stovepipe on our heads? Our costumes offend equally against beauty and healthfulness, and when men begin to talk dress reform, they might profitably begin with their own.

ANOTHER FRAUD ON THE PHYSICIAN.

The Rundschau has repeatedly called the attention of readers to various methods by which doctors are being exploited, and believes that the subject cannot be ventilated too often, for financial losses stand in the way of just success. The St. Paul Medical Journal, in an editorial, "Will the Worm Turn?" speaks at length of one such method. Many manufacturing firms and other corporations carry policies in some casualty insurance company, which in case of injury of an employe during his work, holds the corporation harmless of all damage. The casualty company, according to its contract, agrees to pay for the first service. Such first service, however, is apt to constitute only a small part

of the work which the physician, who is unfortunate enough to respond to the hasty summons, thereby assumes. In a case of compound fracture or similar severe injury, for instance, the first service can necessarily be only a temporary dressing, followed after removal of the patient, by operation and long continued attendance. Where does the physician's pay come from? The employer has shifted the responsibility on tbe casualty company which will only pay for "first service." Between them the doctor is swindled out of his dues. For legal liability can be fastened only on the recipient of the services, and he, by reason of loss of income, cannot pay, even though perhaps willing. This is not a fancy sketch; many of us have been victimized in some such way. And the remedy? The St. Paul editor recommends association, and believes that the medical men of every community can stop the abuse by standing together and refusing to do business for such corporations. At any rate it is well to be on one's guard.

RESULTS OF OPERATION FOR CANCER OF THE UTERUS.

In a paper before the American Medical Association, Dr. Baldy, of Philadelphia, stated that of patients operated on for cancer of the cervix uteri only 5 per cent. recover, and the statistics of Johns Hopkins Hospital give the same unfavorable result. In German hospitals recurrence of the cancer in the first year took place in 46.6 per cent. of the cases, and Prof. Freund, a noted gynecologist, reported only two cases of cancer of the uterus permanently cured by operation in an experience extending over twenty-three years. In cancer of the body of the uterus the result, as far as recurrence is concerned, is more favorable. Dr. W. J. Mayo is more sanguine and says his results have been much more satisfactory. But he has practically given up the use of the knife in removal of a cancerous uterus, using instead the cautery. He also states that in his experience extensive removal of glands does not materially benefit the patient and has little or no influence on recurrence. It is a broad removal of the organ and adnexa and a thorough use of the cautery on which he relies. This agrees with the experience of other operators, as Dr. Reyburn (Medical Record, October 19) and Dr. Byrne, of Brooklyn. The unfavorable results are credited by these men to the fact that in an operation by the knife considerable injury is inflicted on sound tissue, avenues of absorption opened and infection by cancer cells or germs made easy. In the light of such results and testimony, it is much to be desired that the search after the parasite of cancer may come to a successful end. While at present of scientific interest only, it would soon become of practical value, for it might lead to a new and more rational method of treatment.

AGAIN THE ANGIOTRIBE.

Somethiug over a year ago we described a new instrument, introduced by the renowned French surgeon, Doyen, and named angiotribe. It is a powerful instrument, able to exert a pressure of 3,000 pounds to the square inch, and intended to take the place of ligatures in abdominal operations. For a while it seemed to fall into disuse, owing to serious oozing after it. An abdominal surgeon of note and experience told me not long ago that he was afraid of the thing. But at a recent meeting in St. Louis many testified to the successful use of the instrument, spoke of it as superior in many conditions and referred to its increasing popularity among European surgeons. The opinion prevailed that the angiotribe was a valuable addition to our armamentarium.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A LOOK BACKWARD.

URIC ACID DIATHESIS.

In the June Recorder, page 183, is a good article on "Uric Acid Troubles." This condition assumes symptoms of a multitude of diseases, in fact the symptoms are legion. Neuralgias, pain of gouty and rheumatic type reflected from kidneys, stomach and intestines, to muscles of back, extremities, to every muscle and organ, the brain and entire nervous system are implicated in the storm. The element, uric acid, being formed in excess in the body and not eliminated in sufficient quantity, poisoning of the blood ensues, producing those untoward symptoms seen in so many cases of this kind. In some cases all such symptoms may not be manifested; again cases will present all of these multitudinal conditions, heart trouble, palpitation, cardiac asthma; dyspnoea is frequently distressingly manifested. When constipation exists and functions of the kidneys and skin are in abeyance, the condition will assume a more violent form, the uric acid increases from faulty metabolism, ptomains increase in the intestines and are absorbed into the circulation, indigestion is present and the liver torpid, hydrocarbons are not properly eliminated. Hence an increase and absorption of those morbific elements, uric acid, urea, etc., into the blood. To form a proper diagnosis of the pathological condition existing, a careful examination of the urine should be made. It is evident that all the organs should be active, regulated to act in a normal condition, and with the aid of remedies indicated to promote the elimination of waste products from the blood; maintain the action of the kidneys, dilute the urine, alter morbid conditions, therefore prevent excessive accumulation of poisons in the blood and promote their elimination. This is efficient:

℞ Potassium acet., gr. x.
Potassium bitartrate, gr. xx.
Aqua dest., ℥i.

M. et Sig. Give as a dose every four hours.

This is diuretic in action, increasing solids and water in the urine, increasing uric acid by oxidation. Potassium salts should not be used indefinitely, as they are cardiac depressants, muscular paralyzers and destroy the oxidizing functions of the blood. If symptoms, like cystitis, are present, such as frequent micturation, pain in the lower part of the abdomen, neck of bladder, urine small in quantity, then benzoate lithia or carb. lithia five grains three times a day is effectual and alternate with pulsatilla. If urine voided is frequent and in large quantities, like diabetis, rhus aromatica fluid extract, ten drops two or three times a day, will correct this; alternate with stavesacre staphisagria, will help and is effectual to relieve pain, irritable bladder and kidneys. The following is of great service:

℞ Benzoic acid, ʒij.
Bicarb sodium, ʒiij.
Aqua cinnamon, ℥iv.

M. et Sig. Tablespoonful every four hours.

To energize the liver use tincture of bryonia alba, five drops every three hours until effects are had. Constipation must not be allowed. The phosphate of sodium is a good remedy, one ounce dissolved in plenty of water, given three times a day will ward of uremic storms. It has alterative properties, increasing secretion particularly of the

bile. If the skin is inactive, sponging with tepid alkaline bath has good effect; use friction, massage. Acetanilid five grains, bicarb. sodium two grains is a good remedy for the headache and those floating pains in different parts of the body, given every three or four hours until relieved. If there is heart trouble, caffeine cit., one to two grains every hour or two until relieved or could be combined in acetanilid mixture. Caffeine is a heart stimulant, with diuretic action and decreases the formation of the urea, etc.

In my article in the October Recorder, page 317, the formula which I use as a constitutional treatment in a good many skin diseases should read:

℞ Liq. iod. comp., gtt. lxxx
Fowler's sol., ʒss
Syrup simp., ʒiss.

M. et. Sig. One teaspoonful in plenty of water after meals.

EDWARD C. ROTHROCK, M. D.
Tennessee Colony, Tex.

PRACTICAL SUGGESTIONS,

SPECIFIC TINCTURES, ETC.

Of late I have been investigating specifics out of curiosity. Next to the granule (Abbott's) they are to be relied upon. The normal tinctures of of Merrell's and the specific tinctures of Lloyd's are about a stand-off. Ellingwood's Therapeutics tells about these medicines and brings out the philosophy of specifics. I am an impartial regular physician, but I promise you it will pay to get thls book and get a side line of specific tinctures which are decidedly better than fluid extracts, for the reason that they contain definite per cents. of active principles with the plant dirt left out. You can mix them with water and not have a ton of precipitate in the bottom of the bottle that gives you the reputation of furnishing nasty medicines.

RHEUMATISM.

I never use sodium salicylate in rheumatism now but used to use it. I now use oil of gaultheria under gum tissue or antiphlogistine externally and prescriptions like these internally:

℞ Ol. gaultheriae, ʒiij
Colchicine gr., ¼
Triad granules Abbott's No. 50
Alcoholis
Glycerine aa ʒi
Aquae, ʒi
Elix simplex q. s ad ʒvi

M. et: Sig. One teaspoonful in hot water every one to four hours for effect.

℞ Sodii Phosphatis ʒiv

Sig. ʒi or ij every two to six hours in plenty of hot water.

DIGNIFIED DIAGNOSIS.

There is a high and mighty professional custom among some doctors that manifests itself by arm's length, dignified diagnosis. For example, Mammie, aged twelve years, was sick and her folks took her to Dr. Respectable. He diagnosed "fever" after feeling her pulse, one-sixth minute; prescribed fever drops, stewed tomatoes and return to the office in a few days. In two days Mammie was much sicker; she was up but she passed blood, and her lips were brown and wrinkled, so her people determined to take her to my office, where at first glance, knowing nothing of the case, I ordered that the child be put to bed in one of my back rooms. I found typhoid and Mammie is having a close call. Still, doctors will make snap diagnoses and rope in patients by virtue of their unbending dignity and eminent respectability and most of all here in the west we find that "belonging to a lodge" "a secret order" means dollars to a doctor. Said lodges (the writer never belonged to any secret order except the Good Templars") sometimes help their favorite M. D. to the extent of forming a White Cap posse and thumping the competitor on

the head. The writer once received a fractured skull in that way; but still Oh, the secret orders are eminently respectable! No one dares say a word against them.

C. E. BOYNTON, B. S., M. D.,
Los Banos, Cal.

What Dr. Boynton says about specific tinctures many other regular physicians also have found to be true. Specific tinctures were first made by the H. M. Merrell Co. about 1870 for the use of Prof. John M. Scudder whose original intention was that each minim should represent one-half grain of the drug. The late H. M. Merrell, however, insisted that the standard of strength should be one grain of drug in each minim of tincture, which is and always has been their standard. The preparations made by the H. M. Merrell Co. are very reliable. Ellingwood's Materia Medica is an excellent work and tells all about the use of specific tinctures. It contains over 700 pages and the price is $5.00. For $5.00 we will send the book and the Recorder one year to any reader.

POINTS.

AMERICAN MEDICINE.

On the back of a journal on my desk I notice an advertisement of this publication and as its watchword this inscription, "Founded, owned and controlled by the medical profession of America."

Nothing farther from the truth was ever printed. The profession of America was not consulted in its founding and comparatively few have any financial interest in it.

The nearest to any journal being under control of the whole profession is the Journal of the American Medical Association but it is hardly true to say such a thing of it although it is the mouthpiece of the greatest united body of physicians in the world.

Dr. Gould was ousted (justly or not is not necessary to say) from the position he held as editor of one of the leading medical weeklies of the United States and in revenge or because he felt some of his glory slipping out of his hands, conceived the idea of founding American Medicine. Then because he had not the financial backing he sought to flatter some of our physicians into the idea that they wished such a journal and that they were the founders of it. He did succeed in part. It is all right for Dr. Gould to found a medical journal but he is presuming very much indeed when he prints the above assertion in a conspicuous place when no consent has been asked or given.

LABOR CASE.

This case was a large corpulent woman who had never given birth to a living child but three years previous had a stillborn child at term. She had a peculiar shape of the pelvis which gave the outlet an abnormal curve. Everything else was normal excepting labor was very tedious. When the head was born the pains had no further effect. Repeated efforts in which considerable force was required finally succeeded in extracting a very large stillborn child.

Now the question which arises in my mind is this—if I had been unable to extract the child could I have successfully applied the forceps to the aftercoming breech. I would have found out after a little more effort, for that would have been my next proceeding.

The child had a very peculiar deformity, the lids of one eye being the color and very much resembling a clot of blood, everted and the eye very much smaller than on the opposite side H. A. GILTNER, M. D.

Chelsea, Ind.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

PERSONAL.

At this time of the year we like to have a little personal talk with our readers. The Recorder is so thoroughly established and so well known that during the year we say little about our progress. We are greatly encouraged and pleased by the hundreds of letters we receive from subscribers commending the Recorder. We should like to publish these letters but our space does not permit. Each year of the Recorder's existence has been marked by growth and this year has given us more advancement than any previous year.

A year ago we promised that the Recorder should be better and larger this year and we have fulfilled the promise. The year's numbers make a volume of 400 pages of reading matter, 60 pages larger than the preceding volume. Nearly the entire volume is original matter and we feel under obligation to our contributors who have so freely furnished us the results of their study and experience.

Next year's volume will surpass in size this year's. We shall continue to publish bright, practical, original articles by successful workers in the profession. No matter how many journals you take, you need the Recorder because it contains practical, helpful, original matter found nowhere else. This is the reason many physicians promptly renew year after year.

We wish to call the attention of every reader to the club and premium offers in the advertising pages of this issue. These offers will not appear in the advertising pages again so we advise everyone to improve them now. These offers are open to old as well new subscribers. Every subscriber sending in a renewal subscription will receive one thousand labels and also have the privilege of improving any of the club offers. This gives an opportunity to get leading magazines at very low prices.

We advise our subscribers to have their Recorders bound. The 1901 volume contains a large amount of original matter which will be very useful for reference. For sixty-five cents we will bind the year's numbers in black leather back and cloth sides and return the volume by prepaid express or mail. In our binding department we do not pay transportation charges on any other volume than the Recorder. The year's numbers can be mailed to us by subscribers at the rate of four cents per pound. The investment of only sixty-five cents means the addition to your library of a nice 400 page book.

The January number will mark the beginning of the fifth year of the Recorder and it promises to be the greatest year in its successful history. We wish at this time to extend our thankful appreciation to the contributors, subscribers and advertisers who have made possible the success of The Wisconsin Medical Recorder. We wish all many happy returns and a year of prosperity.

ANTITOXIN AND TETANUS.

Last month we made some comments on the death of eleven children in St. Louis from tetanus caused by antitoxin injections. At the time the exact facts surrounding the catastrophe were unknown but thorough investigation enforces our statement of last month that powerful medicinal agents should not be manufactured by municipal authorities. The investigation shows that the antitoxin was obtained from a horse kept in the poor house stables, that the horse had not been immunized against tetanus and that the janitor was entrusted with the bottling of the serum. Further comment is almost unnecessary. Antitoxin serum should be obtained from one of the reputable manufacturing houses whose reputation is staked on every bottle of antitoxin put out. These houses use the utmost care in selecting horses for antitoxin, immunize them against tetanus and use as much care in preparing and bottling the product as the modern surgeon does in a laparotomy.

VACCINATION.

Nothing in medicine, is more thoroughly established than the fact that vaccination prevents small-pox. Yet we find much opposition to it and societies organized to fight vaccination. Occasionally there is some unfortunate occurrance in connection with vaccination which gives the opposition something to talk about and some apparent ground for retarding vaccination. Because of this opposition small-pox is steadily and rapidly in-increasing in this country. In order to secure good result the vaccination must be properly done with good virus. The glycerinated lymph, prepared by some reliable manufacturer, should be used, The surface which is to be inoculated should be cleansed and protected afterward.

THE DOCTORS' LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literaure.

AN INTERNATIONAL SYSTEM OF ELECTRO-THERAPEUTICS.—For Students, General Practitioners, and Specialists. By Numerous Associated Authors. Edited by Horatio R. Bigelow, M. D , Permanent Member of the American Medical Association; Fellow of the British Gynaecological Society and of the American Electro-Therapeutic Association; Member of the Philadelphia Obstetrical Society, of the Societe Francaise d'Electro-Therapie, and of the Anthropological and Biological Societies of Washington, D. C.; Author of "Gynaecological Electro-Therapeutics," and "Familiar Talks on Electricity and Batteries." Second Edition. Revised and brought up to date, with several New Departments embodying the Most Recent Developments of the Science. Edited by G. Betton Massey, M. D., Ex-President and Fellow of the American Electro-Therapeutic Association; Member of the American Medical Association; Author of "Conservative Gynecology and Electro-Therapeutics," etc. Thoroughly Illustrated. Royal Octavo. Pages x-1147. Prices net, Delivered, Extra Cloth, $6.00; Sheep, $7.00; Half-russia, $7.50. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

Physicians who use electricity the most in practice are those who have given it the most study. That electro-therapeutics is a subject needing much study is evidenced by the production of such a large volume. If more physicians would study the subject so as to know the value of the correct applica-

tion of electricity it would be used more generally. The different sections of the book are written by experts produced in the world's work in this branch of medicine. The first section gives a history of electricity, then follows a section on electro-physics and electro-physiology. The therapeutic application of electricity is very thoroughly presented in sections on its use in the various departments of medicine and surgery. Four new articles have been added to this edition of the book, on the galvanic current, Roentgen rays, electrical treatment of aneurism, treatment of cancer by cataphoresis. Many of the articles have been revised and added to, for this edition. This voluminous work is now offered to the profession in an edition which is up-to-date. Any physician desiring to take up electro-therapeutics can study this volume and get a clear and comprehensive understanding. The text is elucidated by numerous illustrations. The book has a very complete index which is a very valuable feature in a book of this size. We heartily commend this book to any physician wishing a satisfactory work on electro-therapeutics.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures and prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M. D., of Chicago; Alexander D. Blackader, M. D. of Montreal; H. C. Wood, M. D., of Philadelphia; T. M. Roch, M. D., of Boston; E. Landolt, M. D., of Paris; Thomas G. Morton, M. D., and Charles H. Reed, M. D., of Philadelphia; J. W. Ballentyne, M. D., of Edinburgh; and John Harrold, M. D., of London. With regular correspondents in Montreal, London, Paris, Leipsic, and Vienna. Volume III. Eleventh series, 1901. Pages, 303, cloth, $2.00, Philadelphia: J. B. Lippincott Company. 1901.

Many physicians look for the appearance of this book because it is different from the regular text books and year-books. It is a collection of original clinical lectures especially arranged for this work. A very interesting article in this volume is "Phototherapy after Finsen's Methods" by Dr. Valdemar Bie, of Finsen's Institute. The article is illustrated with cuts and plates and is a good presentation of a subject of special note. "Drawbacks to Spinal Anesthesia" by Dr. Paul Reclus of Paris is an important article. He says that in view of the number of deaths already reported, seven in less than two thousand cases, and other objectionable accidents, that it cannot replace other anesthetics. "Acute Affections of the Gall-Bladder and its Ducts" by H. Lilienthal of New York, is a good article, illustrated with a colored plate. Dr. T. D. Crothers contributes "Clinical Treatment of Inebriety." There are a number of lectures on appendicitis by prominent surgeons. These are only a few of the practical articles of the volume, which is well illustrated.

TRANSACTIONS OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION. Complete account of Ninth Annual Meeting held at Washington, D. C., September 19, 20 and 21, 1899; also Tenth Annual Meeting held at New York City, September 25, 26, and 27, 1900. Illustrated. Pages xv-391. Size, 9¼ by 6¼ inches.

Price, Extra Cloth, $2.00 net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street:

This volume contains all the papers read at the two meetings of the American Electro-Therapeutic Association, therefore it presents much of the recent advances in electro-therapeutics. There are forty-five papers in the book, written by the leading electro-therapists of the country and covering all phases of the subject. The period of time which this volume covers was marked by very great progress which is well given. It is an advantage to the profession to have these valuable papers published in this accessible form instead of being buried in a volume of transactions seen only by the society members. The book is well printed and well bound and is sold at a very reasonable price. Every physician who uses electricity in his practice will find this a useful volume.

BOOK NOTES.

The Household is a family magazine published at the Times Building, New York City. It contains entertaining matter for the whole family. Any doctor's wife will appreciate this magazine.

The Literary Digest is a weekly magazine presenting the world's news and progress in all departments. The subscription price is $3.00 per year. Send for sample copy and after reading it, you will become a regular subscriber. It is published at 30 Lafayette Place, New York City.

From what we have seen in advance of Dr. John Aulde's forthcoming monograph on physiological cell medication we can say that its presents some new and important therapeutic truths. Any Recorder reader who sends soon to Dr. Aulde, Kennett Square, Pa., can obtain acopy of this monograph free, as soon as it appears.

The Christmas Ladies' Home Journal is the largest number of that popular magazine ever issued, and the quality seems in keeping with the quantity. There is variety of good stories and instructive articles nicely illustrated. The different departments are well written and are helpful and practical.

Some of the features of Modern Culture for December are a striking poem on "Immortality," by a cultivated Chinaman living in California, Mr. Pak Gaw Wun;" "A Sketch of the Crimea," illustrated, by Madame de Wollant, of the Russian Embassy, Washington; "Sienkiewicz and Seventeenth Century Poland," by J. H. Oswald Marling, M. D.; "Reconstruction and After," second paper, by Frederick Austin Ogg, A. M.; "Debating and Citizenship," by Edwin Maxey, D. C. L., LL. D.

Mc Clure's Magazine is one of the best magazines of the day. In the December number first and foremost, of course, is to be mentioned John LaFarge's article on "Michael Angelo," the first of a series in which during the following year this great artist and critic of our own day will discuss in the pages of McClure's the greatest artist of the past. Among its contents may be specially mentioned, "Lost in the Land of the Midnight Sun" by Agustive Bridle and J. K. MacDonald; Miss Clara Morris' recollections of Salvini; Wm. Allen White's characterization of Senator Thos. Platt.

In the Christmas number of Lippincott's Magazine there appears a complete novel by Louis Evan Shipman, the author of "D'Arcy of the Guards." As a compliment to its hero, the title is "Ralph Tarrant." There is the same sparkle and spirit so much ad-

mired in the author's earlier book, while in plot this may be said to outdistance its predecessor. In addition to the complete novel there are many short stories. "King Edward's Coronation," by Mrs. Belloc-Lowndes, of London, tells definitely of the event which will happen in a few months. With Christmas in the air, Agnes Repplier's talk about "The Oppression of Gifts" must find a ready echo in many hearts. She treats the subject in her own keenly witty way. A paper by Edmund Gosse, LL.D., about "The Best Books," is good reading.

M. J. Breitenbach Co., 53 Warren street, New York, have sent us their memorandum book for 1902. It is a cloth-bound book, with a blank page for each day of the year. A copy will be sent free upon application.

C. P. Starling & Co., of Toronto, Ont., have in press an interesting book, "Code of Medical Ethics," by Dr. J. S. Sprague. It is the result of observations during many years in practice. Dr. Sprague explains and gives his views on medical ethics in Canada and this country. There is no book like this before the profession today. The price is $1.25.

At this time of the year the Antikamnia Chemical Co., always sends some appropriate souvenir of the holiday season to physicians. This year it is the "Helen Hyde Calendar" for 1902. It is a reproduction of a painting by Helen Hyde exhibited at the Paris Exposition. On the back of the picture is the calendar. Our readers can secure a copy of this on application.

We have received from the Berlin office of Schering and Glatz, a photograph of Virchow, which is an excellent likeness of this grand old man of science. There is no advertising matter on the picture and it is something which any doctor can appreciate. Doubtless our readers can get this photograph by addressing Schering and Glatz at their United States office, 58 Maiden Lane, New York.

The World's Work for December sweeps an even wider range of topics than ever. Particularly striking because of its author and his recognized interest in the subject is President Roosevelt's article concerning A. G. Wallihan's remarkable Camera Shots at Wild Animals, illustrated by some of Mr. Wallhan's best pictures. Julian Ralph outlines the results of the Boer War to Date. Greater New York is being rebuilt, and M. G. Cunniff and Arthur Goodrich, in a splendidly illustrated article, tell how the new city "built of steel and founded on a rock," is replacing the old, and Fredereck Emory writes of the Greater America. There is a timely character sketch of Li Hung Chang and another of George W. Perkins. These are only a few leading features of this splendid magazine, which is constantly improving.

Country Life in America is a beautiful magazine for everyone interested in nature. The December number emphasizes the unique character of this large magazine with beautiful illustrations. There is much about the world out-of-doors in December including a large photograph, over three feet long, of a big forest in California, put in as a supplement. "An Outlook on Winter," by L. H. Bailey, is the leading article, being a rhapsody on the charm of snowy landscapes and frozen brooks; while "Swowdrift" is a poem by Joel Benton, and "Christmas Greens" an instructive article about the trees and foliage of the mountain and swamp that contribute to the brilliance of the holiday season. The story of the "Caterpillar's Winter Home" is told with a series of photographs showing the spinning of the cocoon. Many articles and beautiful pictures make up an attractive number.

THE DOCTORS' WORLD.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Smoke—The newspapers report that a tenor, who was singing with an opera company in St. Louis, claims that his voice has been injured by inhaling dense smoke while walking on a St. Louis street. Accordingly he has commenced suit against the city of St. Louis, asking a mandamus to enforce the laws against the smoke nuisance. There are other cities whose residents whould doubtless be glad to have the singer visit them.

Wisconsin Examiners—Gov. La Follette has appointed three members of the Wisconsin State Board of Medical Examiners for a term of four years. These are, Dr. F. A. Forsbeck, of Milwaukee; Dr. J. R. Currens, of Two Rivers, and Dr. J. V. Stevens, of Jefferson. The first two are reappointments while Dr. Stevens is a new member. Secretary H. M. Ludwig of the board retires after four years of faithful services. Dr. Stevens is well-known in Wisconsin on account of his work in the interests of a high medical standard.

The X-Ray—A year ago the statement was made that the value of the X-Ray was entirely known and that we should hear of nothing especially new regarding its use. The past few months show that we are only beginning to understand it and that it has vast possibilities as a therapeutic agent. A number of physicians has reported some very gratifying results with the X-Ray in the treatment of cancer. But every physician is not equipped to do X-Ray work, and to such the Chicago X-Ray Laboratory, 100 State street, offers superior advantages.

Obituary—Dr. D. W. Day, of Eau Claire, Wis., died suddenly November 19, while reading a paper on "The Model Doctor" at a meeting of the Inter-County Medical Society. Dr. Day was born in 1841, was a graduate of Buffalo Medical College, was a surgeon in the union army during the civil war, was a leading citizen of Eau Claire and was a prominent Wisconsin physician.

One of the world's greatest ophthalmologists, Dr. Wm. F. Norris, died at his home in Philadelphia, November 18, of pneumonia. He was born in Philadelphia, January 6, 1839. After graduating in medicine he became an assistant surgeon and served through the civil war. After the war he devoted himself to ophthalmology. He was professor of ophthalmology in the University of Pennsylvania and held many other positions of honor. As an author of standard works on the eye, he was especially well known.

Fractures—Do you treat fractures? If you do, you need the ambulatory pneumatic splint, which is used for the treatment of fractures of the lower limbs. including that of intra capsular fracture. It is of great assistance in preventing circular constriction, ischemia, stiff joints, muscular atrophy, shortening, deformity aad pain. It permits of accurate screw extension and counter extension between the pelvis and ankle and immobilization of the limb, with free access for daily inspection, adjustment, dressing, bathing, massage and ventilation, allowing the physician to exercise his judgment and do from day to day whatever the case demands. In addition

the patient is allowed a limited amount of daily exercise, which hastens the healing, giving the patient better circulation, appetite, nutrition and assimilation, which also help to hasten the healing, assuring good union without shortening or deformity, which is the result desired, but which is not always possible with other forms of dressing, as is well known. In addition, the period of disability is reduced from one-third to one-half over that usually required.

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A New Laboratory—Owing to the excellence of its product and the energetic management of its president, Frank A. Ruf, the Antikamnia Chemical Company has had a wonderful growth until it is now one of the great chemical manufacturing companies of the world. The following from the St. Louis Republic, shows the latest evidence of the prosperity of the company:

Frank A. Ruf, president and treasurer of the Antikamnia Chemical Company, has just purchased a lot 80x109 feet, on the northwest corner of Twenty-second and Pine streets, for $20,000 cash, on which his company will begin the erection early in the spring of a new antikamnia laboratory, five stories high, covering the entire lot. The improvements will cost about $45,000 irrespective of the laboratory apparatus and appliances, which will be of the most approved pattern, from Darmstadt, Germany. The offices and various departments will be fitted with all modern conveniences, making the whole plant one of the most complete specialty laboratories in the United States. The Antikamnia Chemical Company is one of America's, if not the world's, best known pharmaceutical concerns, and justly so. Energy, enterprise and push, backed up by the judicious and liberal use of printer's ink in keeping their line of preparations in touch with the medical profession, from one end of the universe to the other, have made it so.

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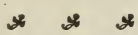
Arsenic—Dr. T. C. Simpson, of Louisville, contributes a practical article in the use of arsenic to the American Practitioner and News. We take the following extracts from it:

Arsenic is one of our most valuable medicines, and one that is not as popular as it should be among the profession generally. Many practitioners who do not see much of skin diseases seem to have an idea that arsenic is a remedy which can be administered in almost every lesion of the skin with advantage, and fail to recognize that, as a rule, it is contra-indicated whenever the layers of the skin are inflamed, being most useful when the epiderm is dry and improperly nourished, and of very little use when the corium is inflamed. Psoriasis is a typical disease of the former class, and in its treatment arsenic is a standard remedy. As stated above, the medicine should not be prescribed during the inflammatory stage of a skin disease. When used, it should be kept up for weeks, even months. Dr. Hare calls our attention to the use of arsenic as a valuable appetizer in doses of a minim of Fowler's solution with ten grains of bicarbonate soda and a tablespoonful of infusion of gentian before meals. I have used it this way and certainly found it a very valuable tonic. It is also useful in certains forms of morning diarrhea and nausea; also it is valuable in the treatment of various forms of anemia, in which case it must be given over long periods.

It is hardly necessary to remind you that it is almost a specific in the treatment of chorea, and its value as a blood tonic in malaria, and its great value in diabetes and asthma. It is held by Murray and others that it is

useful in those asthmatic cases which are young, and the old with marked emphysema. It is also valuable in cases that have nasal disorders due to hyperemia of the respiratory mucous membrane. While recognizing the value of arsenic, we must not forget that it is possible for it to produce evil influence; that it is capable, when administered too long a time in large doses, of causing pigmentation of the skin, irritation of the stomach and of the respiratory tract, and, more serious still, peripheral neuritis.

In the treatment of chorea I find it of the greatest value. You must use it in increasing doses, and this is one of the few diseases in which arsenic is so valuable that you have to give it in ascending doses, even to tolerance. I find it of the greatest value in anemia; even the obstinate and often incurable cases of pernicious anemia yield better to arsenic than to any other known remedy; it is to be given in small doses and kept up for months. In the small dose you are not so likely to produce stomach disturbances. The effect of the drug in this disease is not due to its increasing the number and quality of the red blood corpuscles, but rather to its preventing or delaying their destruction in the portal circulation. By timely use of laxatives and careful watching the dosage you may easily adjust the blood-making forces.



A Side Light upon Physiological Cell Medication—Physicians generally are very much interested in the subject of "Physiological Cell Medication," as elaborated by Dr. John Aulde, and we take the opportunity of quoting in advance of publication from the section on nucleo-emetin (nuclein from animal sources combined with emetin) as follows:

Medical Properties—Hepatic and intestinal stimulant, sudorific, expectorant.

Clinical Indications—Subacute and chronic catarrh of the bile duct and chronic bronchitis in poorly nourished patients.

The physiological action of emetin is substantially that of ipecac, except that of the former is more reliable. It depresses the heart, lessens the blood-pressure, and in sufficient doses increases the secretions, but combined with nuclein in the form of emetol, the improved character of the secretions results in their reduction to normal. Like strychnine and ammonia, it has a stimulant action upon the respiratory center, although it is classed as a depressant expectorant, and is employed with advantage when the mucus is diminished as well as when increased in quantity.

As an expectorant, emetol is best adapted to the subacute and chronic, cases, in which the mucus is tenacious and difficult to loosen, the patients usually being in reduced health. I account for this by reason of the absence of nuclein from the bronchial secretions, as when nuclein is added to the treatment, the objectionable symptoms subside in the course of a few days. In so-called plastic bronchitis, in bronchiectasis and in pulmonary catarrh, strychnine should be added to the treatment and every precaution taken to maintain as far as possible a normal condition of the bowels.

Nucleo-emetin is a powerful hepatic stimulant and it also increases stomach and intestinal secretions, and thus while producing curative effects upon the liver, there is the added influence of this action upon the digestive apparatus. And here should be mentioned the clinical value of nuclein in securing normal secretions through its influence upon protoplasmic activity. In this connection should also be stated the advantages of its sudorific ac-

tion, by which elimination of waste products is hastened.

In jaundice it will be found of decided benefit in connection with sodium salicylate, which has a tendency to liquify the bile; the alkaline-saline is then to be employed to prevent the excreted bile from re-entering the circulation. Caffeine should be avoided in these cases because of its influence upon the entero-hepatic circulation, thus throwing extra work upon the liver cells.

The importance of ipecac as a diaphoretic has declined in consequence of the large doses employed and so frequently followed by nausea, although this effect is unnecessary. With nucleo-emetin in small doses as directed, we have a combination which produces all the beneficial effects of diaphoresis, avoiding at the same time untoward manifestations. The employment of ipecac in large doses is now rarely considered in the treatment of dysentery, since superior methods are available.

Nucleo-emetin is useful in vomiting of reflex character, as in vomiting of pregnancy, but it must be given at short intervals and liquids avoided in order to be effective. In this way we endeavor to interfere with the transmission of sensory vibrations which favor vomiting, by preventing the higher parts of the nervous system from being influenced by emetin. This assumption implies, of course, that inhibition is not confined to Setschenow's centers and disposes of the hypothesis that each nerve cell is supplied wifh two servants, also nerve cells—one to retard or hold back, the other to stimulate. Brunton (Pharm. Thera. and Mat. Med., third edition, Philadelphia, 1888) says, "Most of the phenomena can be explained in a much simpler way, by supposing that nervous stimuli consist of vibrations in the nerve fibres or nerve cells just as sound consists of vibrations." Under the heading of "Interference in Nervous Structures," he uses the following illustration: "Supposing nervous stimuli to consist of vibrations like those of light or sound, the action which any nerve cell would have upon the others connected with it would be stimulant or inhibitory, according to its position in relation to them. If its relation be such that a stimulus passing from it to another cell will there meet with a stimulus from another quarter in such a way that the waves of which they consist coincide, the nervous action will be doubled: but if they interfere, the nervous action will be abolished. If they meet so as neither completely coincide or to interfere, the nervous action will be somewhat increased or somewhat diminished, according to the degree of coincidence or interference between the crests of the wave." He then proceeds to study the effect of altered rate of transmission, how opposite conditions produce similar effects and how the same conditions may cause opposite effects, developing the idea stimulation and inhibition are merely consequences of relation, and that "any nerve cell may exercise an inhibitory or stimulant action or any other nerve cell, and the nature of this action will be merely a question of the length and arrangement of its connections and the rapidity with which stimuli travel along them."

My own impression is that Brunton's explanations and illustrations tend to deal with physical rather than physiological conditions; nevertheless, the section devoted to emetin, a neutral substance, so to speak, appears to be especially adapted to present the views of so talented an author. Meantime, I should point out the important deduction that it is possible to secure remedial effects through the mechanism of molecular attractions without producing in patients the so-called physiological actions of the drug.

MODERN THERAPEUTICS

Brief original communications and short abstracts giving the latest in therapeutics.

ITEMS OF THERAPEUTICAL PROGRESS.

By S. Aug. Frened, Berlin, Germany.

As I have had some little to do with therapeutic advancement, both as an experimentalist and an observer, and as conversation concerning these matters has been of invariable interest, it seems to me that the report in the Recorder of some items of progress may be of value.

Death from traumatic tetanus is due to the violent contractions of the respiratory muscles, stopping respiration. Bromidia acts to prevent muscular contraction, and is therefore a cure for tetanus.

It has been said that "the use of any derivative of the poppy will set up the opium habit, it cannot be otherwise." I do not care how cogent the reasoning, I challenge any one to induce the opium habit by the use of papine. If papine will not induce the opium habit, will it antagonize it? My experience has not been extensive, but I am able to say that it is my impression and limited experience that in this derivative of the poppy we have a notable remedy for the cursed habit.

Phosphate of silver is sure to dispossess the nitrate. It is a tri-basic, heavy and yellow, and may be given for months in doses of one-third of a grain without causing any of the nitrate's disagreeable physiological action. Dr. McLane Hamilton has used it advantageously in spinal sclerosis, and some German practitioners, have taken it to favor in treatment of epilepsy.

For all purposes for which carbolized water is employed, substitute ectholized water. This sounds sweeping, but it is one of the most pleasant facts that has come out of the materia medica in a generation.

Nothing can be said definitely as to the anaesthesia from bromide of ethyl. It is of note, and yet it differs in different individuals, the secretions may be modified and may not, while it is exceptional for complete muscular relaxation to occur.

Here is a point which some may doubt. It may be said that I ask that you believe a great deal. Therefore instead of putting it as a statement, let me ask for observations to determine if full doses of iodia will not tend to induce a termination of croupous pneumonia by crisis within forty-eight hours, that ordinarily would not occur until between the fifth and eighth day. Both Dr. Schwartz and myself have demonstrated this until it seems to me iodia is almost specific. At any rate, combine it in your favorite treatment, and then you will bear me out.

As to M. Labbe's contention that where neuralgia resists quinine, salicylate of soda is the substitute, let me say that I have found in quite a number of cases that where the salicylate is administered, strange and alarming nervous phenomena are produced.

The question as to the "reason why" ecthol is of such signal value in glandular disorders is to be found in the salutary influence which it exerts on the processes of cell growth. It has great efficiency in agalactia. I am recommending that in all cases where the prospective mother is to nurse her

child, she shall bathe her breast with the solution during the anticipative month, at least. I have become accustomed to guarantee that there will be no mammary trouble whatever under such treatment. If, however, it has occurred, apply ecthol freely, and the relief is charming.

There is no anodyne for children but papine.

Beware of piscidia. It acts on the heart muscle as a paralyzant.

Some of my confreres have done good service by making a Dover's powder with the opium left out, and bromidia in its place. They tell me that as a diaphoretic it is more than superior to jaborandi. This is a point well worth enlarging upon, and it is certainly logical.

For an exhilarant to take the place of alcoholics, mix in a small glass of water, half an ounce of phosphate of sodium, and seventy-five grains of tincture of ergot of rye. The mental and physical stimulation is immediate and with the feeling of buoyancy, the circulation is improved. Temperance people welcome this exhilarant heartily.

The pessimistic practitioner who gasps, "show me a new art in medicine, and I die easy," is respectfully referred to the fact the bromidia is the most notable remedy for puerperal eclampsia ever known. There is art, high art, in that.

In diabetes, where the patient will not restrict his diet, for any reason, administered salicylate of sodium with papine. The benefit is marked.

Do you know Biedert's Cream, for the artificial nourishment of children? It consists of white of egg, sugar of milk, and butter, a teaspoonful dissolved in each sixteen of cow's milk. It is popular in Berlin.

There should be no scrofula with iodia in the pharmocopoiea. It is always reliable, always efficient.

The advantages to be had from washing out the stomach in certain diseases are heightened by using a teaspoonful of ecthol in a quart of water. Constantin Paull also adds a little vaseline.

HYPERTROPHY OF THE PROSTATE GLAND.

By J. B. Kleckner, M. D., Lynchburg, Ohio.

The prostate gland at the neck of the bladder is a sexual organ, a muscular glandular body in which the ejaculatory ducts are imbedded and traversed by a portion of the urethra, which contains the orifice of these ducts. The muscular element prevents the regurgitation of the seminal fluid into the bladder during the act of emission. During ejaculation, the glandular structure of the prostate gives out its secretion, which mingles, dilutes and holds in suspension the spermatozoa or semen.

Placed at the neck of the bladder, surrounding its outlet, enclosing the prostatic urethra and seminal ducts, it is a gland of great importance, especially so when two men out of every three, at an earlier age than forty have it enlarged. Indeed, no man who has had either a gonorrhea, committed masturbation or practiced withdrawal, or had congress with harlots, or rode a bicycle, or is joined to an incompatible female, but what has prostatice irritation with enlargement and some of its attendant miseries, such as dull pain in the perineum and testicle; a feeling of unrest; the ever present desire to urinate, often an inability to do so; sleep disturbed at night by frequent need to urinate: inability to empty the bladder; residual urine, its decomposition, the evolution of the micrococcus urea, cystitis, inflammation of the urinary tract, purulent catarrh, with septic uremic poisoning.

The story may be somewhat different; at first a little delay, some slowness in micturation, with a sense of imperfect emptying of the bladder, with later on a block, which is overcome by time and straining; a dribbling stage when the overflowing bladder leaks. The urine at first normal and clear, becomes turbid and alkaline full of ropy pus; coincident with this the bladder inflames; the ureters become dilated and mixed with the urine, an irritant purulent secretion; such a concentration of wretchedness as to make many a clear minded, sensible man long for death.

Operative procedure for the relief or cure of enlarged prostate is a total failure; its extirpation effects nothing; the removal of the testes is often followed by mental imbecility and death. There is no gland in the body more susceptible to the influence of medicine than the prostate. Many of the usual remedies are useless, even hurtful. Different preparations combining saw palmetto, gelsemium, passiflora, etc., are being used with some benefit. We must look to the materia medica for agents that will afford relief and probably cure this very common malady. After an experience of several years, I have found nothing that acts as favorably in these conditions as the maculatum suppository manufactured by the White Pond Lily Co. of Lynchburg, O.

By addressing the company they will send you some very interesting matter together with the formula of which the suppository is composed.

Another that merits attention is per-iodate aurum, which posesses special power in stimulating the grandular system, exciting absorption, the gold combined with iodine is an elegant and easily assimilated formula having a direct specific alterative action on the prostate.

Toil is the lot of all, and bitter woe the fate of many.

SECONDARY ANEMIA.

By August Hammer, M. D., Langerberg, Bohemia.

In a case of marked secondary anemia with profuse gastro-intestinal hemorrhages due to an ulcer of the stomach, I have employed the pepto-mangan (Gude) with most excellent results. The patient, an extremely weak woman who was somewhat disinclined to take any kind of medicine, praised within a short time the very agreeable taste of the preparation, and her appetite and condition of nutrition improved very rapidly, so that at present she exhibits a very healthy appearance. Pepto-mangan has been regularly continued in her case. According to my other experiences I am warranted in concluding that your pepto-mangan, owing to its agreeable taste and ready digestibility even in the presence of impaired gastric function, belongs to our most valuable ferruginous preparations.

WORTHY AND SEASONABLE.

When the temperature of the body is above normal, conditions are especially favorable for germ development. It is a matter of every day observation that a simple laxative is often sufficient to relieve the most threatening situation and prevent the most serious complications. To reduce fever, quiet pain, and at the same time administer a gentle laxative and strong tonic is to accomplish a great deal with a single tablet. We refer to laxative antikamnia and quinine tablers. Among the many diseases and affections which call for just such a combination, we might mention la grippe, influenza, coryza, colds, chills and fever, dengue and malaria, with their general discomfort and great debility. We would also

especially call attention to the wide use of antikamnia and codeine tablets in chronic or semi-chronic pulmonary diseases. The following concise statement from Dr. W. B. Morford, No. 1521 Tasker Street, Philadelphia, is worthy of note. He says: "I find antikamnia in combination with codeine, to be almost a specific in the coughs of phthisis. In a recent case of "old fashioned" or catarrhal consumption I obtained most satisfactory relief for the patient, from a most distressing cough, with antikamnia and codeine tablets."

URIC ACID DIATHESIS.

The reason why salicylic acid has of late years lost prestige in the treatment of rheumatism has been solved by Prof. Charteris, of Glasgow. He has found that the synthetic or artificial salicylic acid, which is made from carbolic acid, contains such toxic substances as cresotic, parahydroxybenzoic and hydroxysophalic acids, and that ten grains of the salicylic acid obtained from coal tar will kill a rabbit weighing two and one-half pounds, while the natural salicylic acid obtained from natural oil of wintergreen has no injurious effects whatever on a rabbit of the same weight. The true or pure natural salicylic acid is possessed of strong antiseptic and antipyretic properties, in addition to its being an antidote for the uric acid diathesis, and is, as shown by Prof. Charteris, free from heart depressing qualities. This pure natural salicylic acid combined with the alkaloids colchicine and thermol forms a triple alliance that will afford positive relief in all rheumatic and gouty conditions and hasten the elimination of urea and uric acid from the system. Each thermol salicylate comp. tablet contains $\frac{1}{250}$ grain colchicine, three grains natural salicylic acid, two and a half grains thermol. The best results are obtained by administering a tablet every hour for twelve to fifteen consecutive hours each day. Tablets may be obtained of the Liberty Chemical Company, 2555–57 Sydenham street, Philadelphia.

STOMACHICS.

The stomach is the organ of prime importance and its normal functional activity must often be re-established by remedies which have a direct tonic alterative and stimulant influence upon its enfeebled, inactive mucous membrane. Stomachics—gentian, taraxacum, phosphoric acid, etc.—are the agents of most service. When however, these stomachics are combined in a certain manner with a remedy which, according to the highest medical authorities, is the best promoter of assimilation, the indications for treatment are completely met. Gray's glycerine tonic comp. combats malnutrition upon the most rational scientific basis, that is, it re-establishes normal nutritive processes by its stimulant and alterative influence upon the digestive organs and also furnishes the wherewithal—glycerine—to cause the assimilation of food and medicines. It gives nature the needed chance to resume its normal work of repairing exhausted vitality and wasted tissue.

RHEUMATISM.

In acute articular rheumatism chiolin is found most serviceable in lessening pain and reducing the inflammation; its anaesthetic and antiphlogistic properties afford in most cases a gratifying and immediate relief.

Chiolin is a valuable therapeutic agent worth trying. Recorder readers can obtain samples for trial free by addressing the Hope Chemical Co., 484 LaSalle Ave., Chicago.

BRIEF MENTION.

In five years the population of Prussia has increased 2,617,386.

By knowing where you are weak you can become strong.—Robt. C. Auld.

Sanmetto is a very useful remedy in cystitis. It relieves the pain and cures.

There are 155 medical colleges in the United States with over 26000 students.

Thiocol is useful in the treatment of chronic bronchitis; dose 5 to 45 grains three times daily.

When you want a pure preparation of arsenic use arsenauro; it is tonic and eliminative.

As a substitute for iodoform, iodomuth is unsurpassed. It is free from odor and very efficient.

Noitol cures eczema. Send to the Wheeler Chemical Works, Chicago, and get a free sample.

When you use a malt preparation remember that the maltzyme products are very pure and effective.

Dr. W. H. Gray's remedy always expels tapeworms. It is a safe remedy which does its work well.

One of the really valuable preparations advertised in the Recorder is Morgan's sabalol spray. Recorder readers can have a sample free upon application.

Send for H. M. Merrell Co.'s price list. It tells you how to buy the very best of goods at reasonable prices.

Dr. Becker's compound digest has pleased hundreds of physicians with its good clinical results. Samples free.

In Manila all spitting on the floors of public buildings is strictly prohibited. We should profit by the example.

Dr. Kellogg's funis ring assures the obstetrician that there will be no hemorrhage or infection of the funis, if applied. Sample ring free.

When making up your journals for next year remember the Alkaloidal Clinic. A large journal and a valuable premium all for one dollar.

A most valuable remedy in insomnia is passiflora incarnata, Daniel's. We know of some unusually good results where cases were not only relieved but cured.

When there is a question of success, do not look to this man or that newspaper for help—look to your work, and make it of such a quality that the market must come to you.—Hubbard.

Dr. Joseph Naidi has had good results in treating hypertrophy of the thyroid gland by iodine cataphoresis. The Medical Record gives his method, which is to soak a bit of cotton in tincture of iodine and placing on the enlarged gland, apply the anode. As a

rule, fifteen to twenty milliamperes are applied from ten to forty minutes, the latter being the maximum.

Keep your clinical thermometer clean—thoroughly disinfected.

Stypticin continues to give good results in uterine hemorrhage.

There is no danger of any practitioner knowing too much anatomy.

Beta-eucaine acetate is a new chemical product. It is superior to the hydrochlorate, because it is readily soluble in water.

Drs. Barton Cooke Hirst, J. Clifton Edgar, R. C. Norris and E. P. Davis have recently reported good results from the use of veratrum viride in puerperal eclampsia.

The possibilities of the X-Ray are almost unlimited. A recent investigator reports that it is possible to purify the water supply of a city by killing all germ life in it with the X-Ray.

You get a large amount of codliver oil into a patient in the form of hydroleine. On account of its palatability, patients will take hydroleine when they will refuse many other codliver oil preparations.

Dr. Koonse, La Fayette, Ind., offers to send free to any practicing physician, his new booklet on the opium, morphine, whiskey and other addictions, outlining a perfectly safe and positive cure. This treatment is used only through the medical profession; has been tested by 4000 physicians and their verdict is "simply wonderful." Write for book "How Cured," clinical reports and full particulars.

One of the nicest things in the treatment of tuberculosis is to spray the throat with Tyndale's eucalyptus solution, which allays much of the distress, so common. If you are not using this preparation, send for some today and try it.

Bovinine in typhoid fever is not only an ideal food because it gives the gastro-intestinal tract absolute rest and at the same time supplies a complete and thorough nutrition, but it is also an ideal intestinal antiseptic and in cases where ulceration exists its healing power is indispensable.

Fellows' compound syrup of hypophosphites contains hypophosphite of iron, quinine, strychnine, lime, manganese, potash. Each fluid drachm contains the equivalent of 1-64th grain of pure strychnine. Doses, Adults. Tonic—One teaspoonful at each meal, in a wineglassful of water (cold).

To understand the mechanism of the nervous system, one must note that the grand organs of life receive two kinds of nerves. These nerves are antagonistic, one to the other. One moderates and the other excites function. The normal action of these nerves results in neural equilibrium, while any abnormal trouble between them will lead invariably to an arrest of function and to some disease. From clinical experience it is now known that neural equilibrium can be produced by the administration of neurilla in teaspoon doses every hour until nervousness is abated, and then one teaspoonful four times a day.